DOCUMENT RESUME

ED 164 899 CE 019 148

AUTHOR	Harris, Ruby; And Others
TITLE	Survey of Foreign Nurse Graduates.
INSTITUTION	Health Resources Administration (DHEW/PHS), Bethesda, Md. Div. of Nursing.
REPORT NO	DHEW-HRA-76-13
PUB DATE	Mar 76
CONTRACT	NO1-NU-24300
NOTE	116p.; Not available in hard copy due to reproducibility problems
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (Stock Number 017-041-00110-6, $1.50)
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Access to Education; *Certification; *Demography; Employment Qualifications; National Surveys; *Nurses; Nursing; State Legislation; State Licensing Boards; *State Standards; Statistical Data; Tables (Data)
IDENTIFIERS	*Foreign Nurses; United States

ABSTRACT

A survey of fifty-one State Boards of Nursing (SBNs) was conducted to secure 1970 through 1972 information regarding the (1) number and characteristics of foreign nurse graduates (FNGs) who apply for licensure and those who fail to achieve licensure in the United States; (2) the availability and effectiveness of remedial courses and their utilization by FNGs; and (3) the number of FNGs granted temporary permits to practice pending licensure. Data were collected through a mail questionnaire sent to all SBNs and on-site review of licensure application forms at selected SBNs. The findings include the following: from 1970-1972, 43,485 received licensure either by endorsement or examination, and 6,664 received temporary permits to practice; at the time of application for licensure, the average FNG is a 29-year-old female, a graduate of a three-year nursing education program, and has seven years of nursing experience; FNGs who become licensed by examination did so in an average of 1.7 years from the time of initial application; and language and objective test style were the major problems encountered by FNGs seeking additional education. (The survey questionnaire, data transcription form, sample letters, thirty-four tables, and proposed methods for compiling uniform licensure data about FNGs are appended.) (EM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED164899

003110

SURVEY OF FOREIGN NURSE GRADUATES

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

MARCH 1976

Health Manpower References

DHEW Publication No. (HRA) 76-13

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE ■ HEALTH RESOURCES ADMINISTRATION
BUREAU OF HEALTH MANPOWER ■ DIVISION OF NURSING
BETHESDA, MARYLAND 20014

CE 019 148

DISCRIMINATION PROHIBITED—Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." Therefore, the nurse manpower data collection program, like every program or activity receiving Federal assistance from the Department of Health, Education, and Welfare, must be operated in compliance with this law.

The study upon which this publication is based was assisted by Public Health Service Contract Number NO1–NU–24300 from the Division of Nursing, Health Resources Administration.

Mrs. Jane W. Hay, Regional Nursing Consultant, was the original Division of Nursing project officer, her successor is Miss Dolores LeHoty, Program Analyst, Manpower Analysis and Resources Branch.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 Price $1.50
Stock Number 017-041-00110-6

FOREWORD

The importance of State licensure requirements in protecting the public against unqualified nurses is receiving renewed attention in relation to the increasing number of graduates of foreign nursing schools applying for the license to practice as professional nurses.

Recent changes in immigration laws and regulations have made it possible for larger numbers of foreign nurse graduates to enter the country for employment. The State Boards of Nursing in reviewing applications for licensure were concerned over the high incidence of deficiencies in secondary education or in various subject areas in nursing education. Among the foreign nurse graduates admitted to the State Board Test Pool Examination, there were reports of very high failure rates. Many continue to fail on repeated examinations, leading the State Boards to conclude that they have remained unlicensed, although presumably employed in nursing. If this is the case, it represents a serious gap in the protection offered by the licensing laws.

While the American Nurses' Association regularly collects and publishes information on the numbers of licenses issued to foreign nurse graduates and their countries of origin, no nationwide information has been collected on the extent of State Board of Nursing activity in relation to foreign nurse graduates. No information was available on the characteristics of the foreign nurse graduates or their education, or on the nature of their problems and needs in securing a State license.

The Division of Nursing believed it was important to have fuller and more general information on foreign nurse graduates, and through a contract with the American Nurses' Association undertook the survey of foreign nurse graduates, the results of which are presented in this report. Information also appears on the relevant provisions of immigration laws and State Nurse Practice Acts, and on educational opportunities for foreign nurse graduates.

In common with other professions attempting to collect data on foreign graduates in this country, it was found that such data are difficult to secure. Record-keeping systems differ among the various States, the kinds of information the State Boards require of applicants differ, and no mechanism exists to determine whether or not an applicant has submitted applications in more than one State. The Immigration and Naturalization service has no means of determining whether or not persons admitted with temporary residence status have left or remained in this country. Thus, as an example of discrepancies found in figures reported from various sources, the number of licensure applications cannot be related to the number of nurses reported as entering the country. At this time the number of foreign nurse graduates in this country is not known.

During the years covered by the survey, policies of the State Boards of Nursing regarding licensure of foreign nurse graduates was also changing in regard to issuing temporary permits to practice, and particularly in discontinuing granting first-time licenses by endorsement. All of the States now require all foreign nurse graduates to take and pass the State Board Test Pool Examination to secure their first licenses in this country. Since a high proportion of the nurses were licensed by endorsement during the survey years, the State Boards believe that future data on licensure of foreign nurse graduates will show a rate of licensure considerably lower than the rate reported in this study.

The Division believes the information in the report of the survey will be useful in documenting the basic problems in immigration of nurses and in recommending or initiating activities that will alleviate the situation of unlicensed foreign nurse graduates practicing in the United States. The experience and insight gained through the project will be valuable in planning future studies of the nurses themselves, their motivation in immigrating, and their career experiences in this country.

Jessie M. Scott

JESSIE M. SCOTT
Assistant Surgeon General
Director
Division of Nursing

ACKNOWLEDGMENTS

As with any project of this magnitude there are numerous people who have contributed to its success. The Advisory Committee to the Foreign Nurse Project were helpful and are deserving of special mention.

Without the cooperation of personnel in the 51 Boards of Nursing, this study would not have been possible. Staff of the Board offices in the eight States selected for in-depth study—California, Illinois, Louisiana, Massachusetts, New Jersey, New York, and Texas—made major contributions to the success of the project.

The officials at the Immigration and Naturalization Service District Office in Kansas City, Missouri were very helpful in clarifying U.S. immigration laws, particularly those applicable to foreign nurse graduates.

Jane Hay, Regional Nursing Consultant, the original project officer, and her successor, Dolores LeHoty of the Division of Nursing, offered guidance and support throughout all phases of the project. Ruby Harris Platt was Project Director during the majority of the project, and assisted in writing the final report. Donald N. Silcott, Systems Analyst for the American Nurses' Association, was particularly helpful with data collection and data processing phases. Of special importance has been the consultative role of Midwest Research Institute (MRI). MRI was subcontracted for the data processing and data analyses phases. Richard Salmon, MRI, was of great assistance during this time. Spencer Graves of MRI developed the sampling procedure, analyzed the data and made substantial contributions to the final report. He is deserving of special thanks. Karen Whitlow also of MRI was helpful during the writing of the final report.

BEVERLY BECHTEL, R.N.
Director
Foreign Nurse Project

ADVISORY COMMITTEE

Marianna Bacigalupo, R.N.
Assistant Executive Director
New Jersey State Board of Nursing

Ruth K. Drury, R.N.
Director, Foreign Nurse Education Program
Pace University, New York

Elaine F. Elliibee, R.N.
Administrator, Wisconsin Department of
Regulation & Licensing, Division of Nurses

Charles F. Johnson
Administrator, Lawrence Memorial Hospital
Medford, Massachusetts

Mildred Pesek, R.N.
Director of Continuing Education
Texas Women's University College of Nursing

Margaret M. Sullivan, R.N.
Executive Secretary
Washington State Board of Nursing

Ester M. Cabauatan Velasco, R.N.
Private Duty Nurse
Jacksonville, Florida

Ann Lee Zercher, R.N.
Director, Nursing Service
Louis A. Weiss Memorial Hospital
Chicago, Illinois

Beverly Bechtel, R.N.
Director
Foreign Nurse Survey Project

CONTENTS

	Page
Foreword	III
Acknowledgments	V
List of Tables and Figures	VIII
Chapter I: BACKGROUND, SUMMARY, AND RECOMMENDATIONS	
Background of the Survey Project	1
Major Survey Results	4
Recommendations	5
Chapter II: METHODOLOGY	
State Boards of Nursing Questionnaire	7
Data Transcription Tool	8
Sampling Procedure	8
Chapter III: LAWS AND REGULATIONS PERTAINING TO FOREIGN NURSES	
Immigration Laws and Regulations	13
Nurse Practice Acts Provisions	19
Chapter IV: SURVEY FINDINGS	
State Board of Nursing Questionnaire	23
Conclusions Obtained from the Questionnaire	27
On-Site Survey in Selected States	28
Educational Needs and Opportunities	36
Recommendations from Schools of Nursing	38
General Related Findings	41
Chapter V: SUMMARY	45
APPENDIX A	
Questionnaire and Letter to State Boards of Nursing	51
Data Transcription Form	58
Letter to Directors of Educational Programs for Foreign Nurse Graduates	60
Letter to State Boards of Nursing Concerning Uniform Data Collection Method	61
Appendix Tables	62
APPENDIX B	
Proposed Methods for Uniform Data Collection	105

Tables

		Page
1.	Statistical volume for each State	9
2.	Preference categories for Eastern Hemisphere immigrants	15
3.	Nurses admitted to the United States by nonimmigrant visas, FY 1969–73	20
4.	Clusters of countries educating large numbers of FNGs who applied for licensure during 1970–72	24
5.	States receiving large numbers of FNG applications for licensure during 1970–72	24
6.	States endorsing large numbers of FNGs during 1970–72	25
7.	Clusters of countries educating large numbers of FNGs who were endorsed during 1970–72	25
8.	States issuing large numbers of temporary permits to practice to FNGs during 1970–72	27
9.	Clusters of countries educating large numbers of FNGs who obtained temporary permits to practice during 1970–72	27
10.	Observed relationship between educational deficiencies and SBTPE performance for FNGs	30
11.	Pass rate, by State	31
12.	Hypothetical percent of FNGs achieving licensure after multiple takings of the SBTPE, assuming no dropouts	32
13.	Pass rate, by cluster of countries	34
14.	Pass rate versus English as native language	34
15.	Pass rate versus English as native language, excluding the Philippines	34
16.	Percent of FNGs receiving temporary permits to practice in the surveyed States	35
17.	Time required for licensure by endorsement and by SBTPE in Michigan and New York	35
18.	Numbers of FNGs reported participating in selected educational programs in selected States, 1968–74	39

Appendix Tables

		Page
A1.	FNGs making initial application for licensure, by State and cluster of countries of nursing education, 1970–72	62
A2.	Licensed FNGs, by State, 1970–72	65
A3.	Endorsed FNGs, by States and cluster of countries of nursing education, 1970–72	67
A4.	Number of FNGs taking and percent passing SBTPE, by State, 1970–72	70
A5.	FNGs obtaining temporary permits to practice nursing, by State and cluster of countries of nursing education, 1970–72	73
A6.	SBN requirements for FNGs, by State, 1970–72	76
A7.	Weighting the sample	79
A8.	Weighting the sample	80
A9.	Weighting the sample	81
A10.	Weighting the sample	82
A11.	Clustering of countries of nursing education with number of samples	83
A12.	Number of FNGs active with the SBNs, by cluster of countries and by State	86
A13.	Age distribution, by cluster of countries	87
A14.	Percent of FNGs who are female, by cluster of countries	88
A15.	Marital status of FNGs, by cluster of countries	89
A16.	Year of graduation of FNGs, by cluster of countries	90
A17.	Type of nursing education of FNGs, by cluster of countries	91
A18.	Nursing experience of FNGs, by cluster of countries	92
A19.	Percent of FNGs with educational deficiencies, by cluster of countries	93
A20.	Chi-square analysis of the observed relationships between a deficiency in obstetrics and SBTPE performance	94
A21.	Chi-square analysis of the observed relationships between a deficiency in psychiatry and SBTPE performance	94
A22.	Chi-square analysis of the observed relationships between secondary education and SBTPE performance	95
A23.	Chi-square analysis of the observed relationship between an English deficiency and SBTPE performance	95
A24.	Percent of FNGs achieving licensure after multiple taking of the SBTPE, assuming 20 percent of failures drop out	96
A25.	The impact of age on pass rate, by State	97
A26.	Pass rate, by cluster of countries	98

19

		Page
A27.	Pass rate versus English as the native language	98
A28.	Pass rate versus English as the alternative language, excluding the Philippines	98
A29.	Percent of FNGs failing the SBTPE who failed the indicated subject area	99
A30.	Length of time for FNGs to receive temporary permit to practice	100
A31.	Years between milestones in the licensure process for FNGs, by State	101
A32.	Years between milestones in the licensure process for FNGs, by State	101
A33.	Years between milestones in the licensure process for FNGs, by State	102
A34.	Difference between the time required for licensure, by endorsement and by State	102

Figures

1.	Immigrant and nonimmigrant FNGs admitted to the United States, FY 1967–73	19
A1.	Proportion of FNGs licensed by examination to 100 U.S.-educated RNs licensed, 1972	72
A2.	Cluster of countries by geographic area	85
B1.	Recording of FNG data from application for licensure to passing the SBTPE	107

Chapter I

BACKGROUND, SUMMARY, AND RECOMMENDATIONS

Background of the Survey Project

The history of nursing in the United States clearly speaks to the impact of the free flow of information about nursing between countries and to the migration of nurses to this county. Minnie Goodnow in her *Nursing History in Brief*, documents that the Pilgrim Fathers, while still in Holland, had a deaconess nurse for their sick; and that there are indications that she accompanied them to Plymouth in 1620. The United States has always welcomed nurses coming to this country for further education and training as for career opportunities in their profession. Since the Second World War they have come in increasing numbers, augmenting the supply of nurses at a time of expanding demand for nursing services.

All of the States and Territories have enacted laws regulating the practice of nursing as a protection for the public against unqualified practitioners. The laws, generally known as Nurse Practice Acts, provide for administration by a State Board of Nursing (SBN). Licensure for nurses is a prerogative of the States, each of which requires a license for practice as a registered nurse in the particular State.

Licensure may be achieved by taking and passing the State Board Test Pool Examination (SBTPE) or by endorsement. Nurses who have been licensed by examination in one State may apply to have that license endorsed for practice in subsequent States. Formerly, a foreign nurse graduate (FNG) could also be licensed by endorsement if an evaluation of her credentials indicated satisfaction of the State's requirements of education and clinical practice. In most States, a temporary permit to practice was granted while the applicant completed the licensing process.

Earlier, most nurses seeking employment opportunities in the United States came as permanent resident aliens under the numerical quotas of their respective countries. Nurses coming for educational opportunities entered with temporary resident status as exchange visitors in hospitals and agencies authorized to conduct educational programs for foreign nurse graduates. Changes in the immigration laws in the late 1960's and in 1970 made it possible for more nurses to enter the country, both as immigrants for permanent residence or as nonimmigrants granted temporary residence.

Whereas earlier, the greater number of foreign nurses had immigrated from English speaking countries and other countries with similar cultural and educational traditions, the changes in the law made it possible for greater numbers to come from non-English-speaking countries with dif-

fering cultural orientation to health care and nursing education. At the same time the number coming for educational experiences declined while the number of those coming for immediate employment increased.

Immigration of nurses has been further stimulated by the presence of profit-making recruiters who arrange with employers to supply foreign nurses for their staffs. It has been seen that their methods often meet only the barest minimum of requirements, and that nurses arrive in this country without knowledge of the requirements they will have to meet, or any evaluation of their readiness to meet the State licensing requirements.

When numbers were smaller, the State Boards of Nursing were able to individually evaluate the credentials of foreign nurse graduates. Many of these nurses were licensed by endorsement, and others were counseled and assisted in meeting licensure requirements. With the increase in numbers, especially from developing countries, the State Boards of Nursing became increasingly concerned over the number of foreign nurse applicants whose preparation was deficient in some of the requirements for endorsement or for admission to the licensing examination. In many cases it was clear that the applicants lacked sufficient command of the English language. Where the FNG's were admitted to the State Board Test Pool Examination, a very high failure rate was being reported.

Yet it was apparent that these nurses were continuing to hold employment at some level in nursing. Since the nurse licensure laws were established to protect the citizens against unqualified practitioners, the situation of growing numbers of nurses entering the country for employment but unable to meet standards for licensure indicated a serious gap in the protection offered by the law.

Remedial and makeup education for FNG's had been offered in many places throughout the country to assist the nurses in securing a license. In the year prior to the survey, a number of applications for financial support for such programs had come to the Division of Nursing. There was growing awareness of the general ineffectiveness of remedial courses in meeting even the immediate problem, or as a solution to the larger problem seen in continuing immigration.

Before being able to develop recommendations which might lead to alleviating the problem, the Division of Nursing believed it was necessary to have a base of information about FNGs and their licensure experience from which to work. In mid-1971 the Division of Nursing convened a conference to explore the kinds of information that might be needed and the feasibility of securing it. There were representatives at the conference from the State Boards of Nursing, The American Nurses' Association, The National League for Nursing, and the Immigration and Naturalization Service. It was clear from this meeting that information on the various aspects of immigration and licensure of foreign nurse graduates was fragmented among various organizations and agencies.

ANA had regularly published data collected from the State Boards on the numbers of FNGs licensed annually and their countries of origin. Beyond that, little is known about the numbers, characteristics, and licensure experience of FNG's in this country.

Therefore, in 1972, the Division of Nursing entered into a contract with the American Nurses' Association to provide information on the:

- Number and characteristics (including country of education) of foreign nurse graduates who apply for licensure,
- Number and characteristics of FNGs who fail to achieve licensure and their educational deficiencies,
- Availability and effectiveness of remedial courses and their utilization by FNGs,
- Number of FNGs granted temporary permits to practice pending licensure.

In addition the contract called for (1) an analysis of the State Nurse Practice Act provisions applying to foreign nurse graduates, and (2) a resume of the immigration laws and regulations applying to foreign nurses.

Methodology

Information about the nurses was obtained through a two-step survey. The first step consisted of a mail questionnaire to all 51 State Boards of Nursing to secure numerical information on the number of applicants, number of licenses granted, countries of origin, and certain policies regarding licensure of FNGs.

Step II consisted of an on-site survey of the actual application forms on file with the State Boards in selected States. As the number of FNG applications was higher than anticipated, a sampling procedure was used. From the sampled forms information was collected on the characteristics of FNGs, and on educational deficiencies, remedial education, length of time spent in the licensure process, and other pertinent details.

The Nurse Practice Acts and Regulations were secured from each State and studied for the provisions which applied to foreign nurse graduates. State Board of Nursing officials were consulted for interpretation of various regulations and procedures.

Immigration laws were secured along with regulations for their administration. Consultations were held with officials of the Immigration and Naturalization Service, the Department of State Visa Office, and the Department of Labor for interpretation and for insight into the separate responsibilities in administration and enforcement.

The eight States where the detailed survey was done supplied what information they had about schools offering educational programs for FNG's. Letters were sent to these schools asking about their experience in conducting such programs.

A basic data collection form was designed for uniform recording and reporting of data on FNGs for continuous use of all the State Boards. The form was sent to the State Boards for their review and reactions to the possibility of its adoption and use.

Major Survey Results

All but one of the State Boards of Nursing responded to the mail questionnaire, but they were not all able to supply all the information desired. Results showed that during the survey years of 1970, 1971, and 1972, a total of 43,430 FNGs made initial applications in the States. For these same 3 years the SBNs reported licensing 20,485 FNGs either by endorsement or examination.

It is important to note that the number of applications should not be equated with the number of persons, since FNGs are observed to make applications in more than one State. Nor are the 20,485 who were licensed necessarily all part of the 43,430 applications, since some of these may have made their initial applications before 1970.

Five States—New York, Michigan, California, Illinois, and New Jersey—accounted for 75 percent of the applications. The eight States selected for the detailed on-site analysis of applications on file with the State Boards of Nursing were California, Illinois, Louisiana, Massachusetts, Michigan, New Jersey, New York, and Texas. They were selected because of their high number of FNG applications, as well as the availability of their records for survey. Because of greater availability of records, the years 1971, 1972, and 1973 were used for the detailed study.

Graduates of nursing schools in 84 countries were represented in the on-site survey sample of application forms. It was found that the average age of the nurses in the sample was 29 years, 96.5 percent were female, 45 percent were single, 66.7 percent had been graduates since 1965, and 81 percent held a diploma in nursing (18 percent B.S. degree).

In evaluating their credentials the State Boards of Nursing had recorded that in relation to their nursing education, 19 percent of the nurses in the sample lacked psychiatric nursing, 5.2 percent obstetrical nursing, and 2.6 percent each in medical, surgical and pediatric nursing. It was found that 17 percent did not have equivalent secondary education. Lack of sufficient command of the English language was less clearly demonstrable, but that problem, together with nursing education deficiencies, are the biggest problem FNGs have to overcome in securing a license.

In the on-site analysis of records, the progress of the sample of nurses was followed from initial application to licensure. It included those who passed the examination the first time it was taken, as well as those who passed after repeated attempts during the survey years. The overall passing rate for the sample was 51 percent. For those who succeeded, the average lapse of time between application and licensure was 1.7 years.

Analysis of the Nurse Practice Acts showed that the requirements for licensure were essentially the same. Differences occurred in administration, often related to the number of FNG applications the SBN was required to process, or on certain specific requirements of their Nurse Practice Acts. Differences showed in policy regarding endorsement, issuing of temporary permits, or in determining English language proficiency.

Information from the schools which had offered educational opportunities especially for foreign nurse graduates indicated that there are few such programs of an ongoing nature. The courses tend to be arranged when a particular demand occurs or when faculty and facilities are available. Information was rarely available on the effectiveness of the programs in terms of subsequent success in securing a license.

Number of Foreign Nurse Graduates in the United States

The actual number of foreign nurse graduates, licensed or unlicensed, practicing nursing in this country is unknown. This survey considered only those who applied and wrote the licensure examination within a certain time span. Nor do the numbers of applications received by all the SBNs in the survey years seem to compare to the number of FNGs reported by the Immigration and Naturalization Service as entering the United States during these years. There are a number of reasons that contribute to these discrepancies. Nurses who enter the country under the visa preferences granted to spouses or close relatives of U.S. citizens or permanent resident aliens are not required to state an occupation. The number of nurses who may enter in this way would not be known, but they may apply for licensure upon arrival. Other nurses who have been in the country but have not applied for licensure because of State requirements of citizenship may now be doing so where the requirement is being deleted from the Nurse Practice Acts. Other FNGs here as students may also be applying for licensure in anticipation of adjusting their immigration status to that of permanent resident alien. The licensure application forms have not included information about the visa or residence status of the applicants.

Recommendations

Recommendations from the survey showed evidence of need for increased collaboration among all agencies concerned with foreign nurse graduates.

General recommendations:

- An informational conference should be convened to discuss the interaction among agencies concerned with FNGs. The primary concern of this conference should be development of means for improving interagency communication and cooperation in FNG matters.

- The U.S. Immigration and Naturalization Service and the State Boards of Nursing should maintain closer contact in order that both act on complete and accurate information regarding the eligibility of FNGs to practice in this country.
- A pre-immigration examination should be given to FNGs prior to their leaving their home countries in order to assure that those admitted to this country will have reasonable assurance of being admitted to the licensing process.
- Hospitals and agencies which recruit nurses from abroad or employ FNGs should share responsibility for assisting them to become licensed by providing financial assistance and educational leave.

Recommendations Directed to the ANA Council of State Boards of Nursing:

- Temporary permits to practice should not be issued to FNGs who have taken and failed the SBTPE in another jurisdiction.
- FNGs should be required to file visa information when they apply for licensure.
- Foreign nurse graduates applying for licensure should be required to provide proof of ability to read, write, and converse in English.
- Schools providing educational opportunities for FNGs should have access to information that will assist them in evaluation of their programs.
- There should be a system for uniform data collection in order to facilitate the gathering of demographic and licensure information on foreign nurse graduates.
- A brochure should be prepared and made available to nurses in other countries describing the requirements and procedures for meeting legal requirements to practice as a registered nurse in this country.

Chapter II

METHODOLOGY

Immigration Laws

As background to an understanding of the ways in which Federal immigration laws and regulations affect the entry, residence, and the freedom to be employed of foreign nurse graduates, these regulations were assembled and analyzed. For further understanding of the roles and responsibilities of the various agencies concerned with formulating or administering or enforcing the regulations, consultations were held with officials of the U.S. Department of State, U.S. Department of Labor, and the Immigration and Naturalization Service.

Nurse Practice Acts

The Nurse Practice Acts of the 50 States and the District of Columbia were assembled and studied for their provisions under which foreign nurse graduates could legally practice as professional nurses in those jurisdictions. Consultations were held with various State Boards of Nursing officials for interpretation of regulations, and for insight into current practices and decision-making in evaluation of credentials of foreign nurse graduates.

State Boards of Nursing Questionnaire

In order to survey the foreign nurse graduate population in the United States during 1970, 1971, and 1972, a questionnaire was sent to the State Boards of Nursing (SBNs) in each of the 50 States and the District of Columbia. This questionnaire was designed to gather data concerning (1) the number of FNGs applying for licensure, (2) the issuance of temporary permits allowing FNGs to practice nursing, (2) the status of FNG applicants in meeting licensure requirements, (4) English language and citizenship requirements for FNGs, and (5) evaluation of FNG credentials before immigration. (See Appendix A.) The findings from this questionnaire are presented in chapter IV.

Selection of States for Detailed Survey

One of the primary purposes of the SBN questionnaire was to determine how many FNGs had applied for licensure with the Boards of Nursing in the survey period and where they were located. This information was utilized to select States for a more detailed on-site survey of the actual application forms. The five States reporting the largest number of

FNGs—New York, California, Illinois, New Jersey and Texas—were initially selected. These five States represented almost 70 percent of the FNG applications in the nation, according to the results of the SBN questionnaire. In addition, Louisiana was selected to insure inclusion of a Southern State. (Florida was not possible to include because of administrative reorganization within the State at the time the data were taken.) Michigan was selected, as the policy of endorsement had only recently been terminated there, and it was of interest to document the extent of licensure by endorsement of foreign credentials.

Massachusetts was selected, as it was found that their State Board of Nursing had one of the more complete record-keeping systems among SBNs. Table 1 lists these eight States and the percent of the nationwide FNG population in each. These eight States represent approximately 75 percent of the FNGs who applied for licensure in 1970, 1971, and 1972.

Data Transcription Tool

A data transcription tool was developed to facilitate efficient and accurate retrieval of information in the eight selected States. (See Appendix A.) The following data were recorded: (1) characteristics of FNGs in terms of age, sex, marital status, type of nursing education, and the country in which it was obtained; (2) certification for temporary employment (i.e., temporary permit to practice) pending licensure, if granted; (3) educational deficiencies as identified by the State Board of Nursing; (4) educational deficiencies that were removed; (5) SBTPE experience, pass/fail by subject area; (6) review courses taken before or following failure on the SBTPE; and (7) licensure obtained by endorsement (if applicable in State). A pretest of the Data Transcription Tool was done in four States with 100 records surveyed in each State. Appropriate modifications in the tool were made when it was discovered certain information was not available in all States.

Clerks were employed in each of the eight States to transcribe information from the application forms onto the Data Transcription Tool. Each clerk received on-site orientation, instruction, and supervision from the Project Director. Staff of the SBNs cooperated generously in facilitating the availability of FNG application forms.

Sampling Procedure

The response from the SBN questionnaire indicated a larger number of FNG applications than had been anticipated. The eight selected States totaled more than 25,000. The contract had provided for this eventuality by allowing for a sampling procedure to be utilized. It was agreed to sample the FNG applications in the above eight States. Basic data for the sample design were drawn from the SBN questionnaire results.

Table 1.—Statistical volume for each State

State	Percent of nationwide FNG applicants [1] (P)	Retrievability difficulty [2] index (C)	Relative sample size [3] (P/C)	Pending file	Licensure file	Total	Endorsement
California	10.8	5	4.830	363	135	497	—
Illinois	25.6	4.5	12.070	846	395	1,241	—
Louisiana	2.0	1	2.0	147	59	206	—
Massachusetts	2.6	2	1.839	81	108	189	—
Michigan	2.7	6	1.302	99	14	113	200
New Jersey	7.5	4.5	3.536	195	169	364	—
New York	17.0	16	4.25	370	67	437	100
Texas	6.6	1.5	5.388	378	176	554	—
Overall	74.8	—	35.015	2,479	1,123	3,601	300

[1] Based on a count of FNGs having taken the SBTPE for the first time between 1970–1972 as indicated in the SBN questionnaire results (see chapter IV). As this number was not available for Illinois, it was estimated by applying the appropriate nationwide percentage to the total FNGs taking the exam—first time and repeats—in Illinois.

[2] Based on a subjective evaluation of the best available information.

[3] Allocation methodology based on William G. Cochran, *Sampling Techniques*, New York: John Wiley and Sons, 1963, Section 5.5.

For sampling purpose, the population of FNGs was divided into three subpopulations:

1. FNGs licensed by taking and passing the State Board Test Pool Examination.
2. FNGs who had taken but had not yet passed the SBTPE.
3. FNGs who had applied but had not yet taken the SBTPE.

This population excluded FNGs licensed by endorsement who were considered in a separate sample taken in New York and Michigan only (chapter IV, p. 23).

Beginning in June 1972, the National League for Nursing initiated procedures which provided lists of SBTPE results from which the number of FNGs taking the examination could be determined. These lists were used to determine the number of FNGs who had taken the SBTPE from June 1972 to January, February, or March 1974. (The exact termination data depended on the State). FNGs were counted by whether or not they had passed the SBTPE the last time they had taken it (subpopulations 1 and 2 above.)

Licensed FNGs (subpopulation 1) were sampled by name from the lists; this is called the Licensure File. Unlicensed FNGs (subpopulations 2 and 3) were sampled randomly from the files containing the records of pending applicants; this is called the Pending File. The proportion of pending applicants in the sample was divided into the number of FNGs on the lists who had not yet passed the SBTPE to estimate the size of the corresponding pending population. This number of active pending applicants plus the number of licensures from the examination lists produced what is called in this report the number of *FNGs active with the Board(s) of Nursing* in the study period. (See appendix table A7).

The sample in each State was allocated proportionately between the Licensure File and the Pending File on the basis of an initial sample of the Pending File. This initial sample comprised roughly 40 percent of the total sample for each State and was used to estimate the proportion of pending applicants who had taken the SBTPE. This proportion was divided into the number of FNGs on the examination lists who had not yet passed the SBTPE to estimate the number of pending applicants in that State. The sample was then allocated between the Licensure File and the Pending File in the same proportion as the number of licensed FNGs counted on the examination lists and the estimated number of pending applicants.

A sample size of 3,600 was selected to produce approximately plus or minus 2 percent precision at the 99 percent confidence level in a proportion describing all FNG applicants. This total sample was allocated in an optimum fashion between the eight surveyed States on the basis of the estimated relative difficulty of retrieving records. This estimated relative difficulty was expressed numerically as a "retrievability difficulty index." For example, Michigan was assigned a "retrievability difficulty index" of

6 versus 2 for Massachusetts, reflecting the expectation that three records could be retrieved in Massachusetts for the same expenditure of effort as one in Michigan. These estimates were based upon on-site experiences of the project staff in pretesting the retrievability of records of FNGs in these States, and on information from SBN Executive Directors. This index was then used for optimum allocation of the total sample of 3,600 among the eight selected States. (See table 1).

Population Estimates

The sampled records were then analyzed to produce estimates of the number of FNGs active with the SBNs in the survey period in the eight selected States. Estimates were also made of the number of FNGs active with the SBNs in various categories, e.g., country of origin, pass-fail, and age. These estimates were produced by weighing the samples from each State inversely to the proportion of the population sampled in that State. Two sets of weights were used, depending on whether or not the number estimated considered SBTPE performance (see appendix table A7). The reader should be cautioned that weighted population estimates of 20 (or 55 for estimates regarding SBTPE performance) may represent only one sample, and would therefore be subject to high statistical variation. More reliance can be placed on estimates of several hundred or more.

Inferential Statistical Questions

The on-site, in-depth survey data was also analyzed for significant relationships (mostly using a chi-square procedure).

Educational Opportunities

The SBNs in the eight States in which the detailed study was done were asked to supply what information they had about schools in their State which offered remedial educational opportunities to FNGs. A letter sent to the Directors of these programs requested information about the following: (1) the type of educational resources available; (2) the experience of schools and/or agencies enrolling and conducting courses for FNGs; (3) identification of their problems and recommendations for more effective educational programs. (See letter in Appendix A.)

Data Collection

A uniform data collection system was designed and sent to the eight SBNs in which the detailed study was done. They were asked to evaluate the feasibility and desirability of the proposed system. The suggested data recording instrument appears in Appendix B.

Chapter III

LAWS AND REGULATIONS PERTAINING TO FOREIGN NURSES

Immigration Laws and Regulations

The authority and responsibility for immigration statutes and regulations are shared among a number of Federal agencies.

The Congress of the United States has the authority to enact legislation on the basic requirements for immigration. Any statute governing immigration may be changed by the Congress whenever it sees a need to act.

The Immigration and Naturalization Service of the Department of Justice develops the regulations and procedures for determining the admissibility of persons wishing to enter the United States, and has the responsibility for enforcing immigration laws and regulations. Included in this function is the adjudication of visa petitions which seek to confer preference classifications upon certain intending immigrants or classifying certain intending nonimmigrants as temporary workers.

The Department of State through its consular offices in foreign countries receives applications for visas, supplies necessary forms, advises applicants on requirements and procedures, and issues visas as permitted by the immigration laws and regulations.

The Department of Labor is responsible for the issuance of "labor certifications" for alien employment. Under the Immigration and Nationality Act the Department of Labor must determine and certify to the Department of State and to the Immigration and Naturalization Service that qualified U.S. workers are not available and that alien employment will not adversely affect wages and working conditions of workers in the United States similarly employed.

Recent Changes in Immigration Laws

Recent changes in the immigration laws of the United States have encouraged an increase in the number of foreign nurse graduates entering the country to secure employment as nurses. Greater accessibility for Eastern Hemisphere immigrants, preferences given to foreign professionals, the need for prepared nursing personnel, and broadened employment opportunities under temporary visas have resulted in a greater influx of foreign nurses on both a permanent basis as immigrants and a temporary basis as nonimmigrants.

Immigration Law

On October 3, 1965, Congress amended the Immigration and Nationality Act (Public Law 89–236) to change the basis for the selection of immigrants. Prior to this date, the National Origins Quota System for selecting immigrants had been in effect. This system utilized fixed ceilings based on 1920 international census figures and prevailing Government policies to regulate the immigration of aliens from outside the Western Hemisphere. A 3-year transitional period was allowed to implement the 1965 amendments, and by July 1968, the quota system had been phased out.

The amended act defines three basic categories of immigrants: (1) aliens from the Eastern Hemisphere (Asia, Africa, Europe and Oceania), (2) natives of independent countries in the Western Hemisphere (the Americas), and (3) immediate relatives (spouses, children and parents) of adult U.S. citizens. The amendments retain the use of numerical limitations for immigrants, but the allocations for the Eastern Hemisphere now based on a system or preferences rather than country of birth. An annual immigration total of 170,000 is allowed for the Eastern Hemisphere, with no more than 20,000 of this number allotted to any one country. Natives of the Western Hemisphere are restricted to a ceiling of 120,000. There is no numerical limitation governing the entrance of aliens who are immediate relatives of U.S. citizens.

Eastern Hemisphere

Within the immigration allocations for the Eastern Hemisphere, seven preference categories have been established and visas are granted first to those falling within one of these preferences. This system of preferences has four categories which are based on familial relationships to a U.S. citizen or permanent resident alien. A preference also exists for aliens who are members of professions or who have exceptional ability in the arts or sciences. Another preference is given to skilled or unskilled workers in short supply in the United States. The final preference is for refugees, who are admitted conditionally. Aliens who do not qualify for one of the seven preferences may be admitted as nonpreference immigrants if visas are still available. Immigrant visas within each of the above categories are issued on a "first come, first served" basis by U.S. Consulates abroad.

In terms of the total allotment of 170,000 for the Eastern Hemisphere, the current preference system has the sequential order and maximum limits shown in table 2.

Western Hemisphere

A Western Hemisphere alien is not subject to the above preference system, but he or she must get a clearance from the Department of

Table 2.—Preference categories for Eastern Hemisphere immigrants

	Preference category	Maximum number	Maximum percent of Eastern Hemisphere allocation
First—	Unmarried children of U.S. citizens	34,000	20
Second—	Spouses or children of permanent resident aliens	34,000	20
Third—	Professionals, scientists, artists, etc., and their dependents	17,000	10
Fourth—	Married children of U.S. citizens	17,000	10
Fifth—	Siblings of U.S. citizens	40,800	24
Sixth—	Skilled and unskilled workers to fill labor shortages	17,000	10
Seventh—	Refugees	10,200	6

Source: The Act of October 3, 1965 (Public Law 89-236), Sec. 3.

Labor, unless he or she is the spouse, parent, or child of a U.S. citizen or lawful permanent resident. A ceiling of 120,000 has been placed on immigrants from the Western Hemisphere.

Effects of the 1965 Amendments

One of the principal effects of the 1965 amendments has been the change in the national mix of immigrants. The quota system in effect prior to 1965 favored certain parts of the world, notably Europe over Asia, although there were also variations within Europe. Most countries in Asia were annually limited to 100 immigrants, while countries in Europe had quotas many times this size: Germany—25,814; France—3,069; Italy—5,666; Poland—6,488. (Aliens admitted as immediate relatives of U.S. citizens were not charged against these quotas.) By the time the quota system had been phased out, the number of immigrants from Asia had increased to about equal to the number from Europe, and in 1971 Asian totals surpassed those of Europe. Asian immigration totals in 1973 were 500 percent greater than those in 1965. This increase has been reflected in the changing nationalities mix of FNGs.

Aliens immigrating to the United States for the purpose of securing employment must obtain clearance from the Department of Labor. This clearance or certification indicates that an alien's skill or labor is needed and that his or her admission will not adversely affect the working conditions of a similarly employed U.S. worker. Third and sixth preference aliens and nonpreference aliens are subject to this labor certification process. Labor certification for the head of a household also provides entrance for all of his dependents. Although aliens admitted under the "close relative" preferences are not subject to labor certification, they may secure employment after they have entered the country. Once admitted, immigrants become legal residents with no restriction imposed by their visa status on their right to take paid employment. Nonimmigrant

aliens whose visas grant them temporary residence must comply with the conditions regarding employment stipulated in their particular class of visa. There are a variety of provisions under which nurses may enter the United States: as temporary workers, as exchange visitors, or as permanent residents.

Nonimmigrants

The "H" visa granted to nonimmigrant aliens accounts for the recent rapid increase in the number of nurses entering the United States for employment. It provides for temporary admission into the United States of aliens of "distinguished merit and ability to perform services of an exceptional nature." The provision has gradually become utilized to admit greater numbers of aliens who fill needed categories of workers. One reason for this expansion is the fact that the statute was amended by the Congress in 1970 to delete the word "temporary" from the description of employment so that aliens admitted under this provision can obtain work in positions which are of themselves permanent in nature.

Prospective employers prepare and submit to the Immigration and Naturalization Service the petitions for "H" visa eligibility for the persons they have contracted to employ. An employer may include more than one individual in the petition if the beneficiaries of the petition are to be employed in a single institution, will be doing the same kind of work, and will be applying for their "H" visas at the same consulate.

Aliens admitted under this provision are required to take employment with the employer who petitioned for their admission. If they change employment, a new petition must be submitted.

Under certain conditions some aliens admitted temporarily to the United States with "H" visas may have their status adjusted to that of lawful permanent resident aliens.

Upon approval by the Immigration and Naturalization Service, three types of "H" visas may be granted by a U.S. counsular officer to nonimmigrant aliens coming temporarily to the United States:

H–1—Aliens of distinguished merit and ability to perform services of an exceptional nature requiring such merit and ability.

H–2—Aliens to perform temporary services or labor, if unemployed persons capable of performing such service or labor cannot be found in this country.

H–3—Aliens coming as trainees.

The "J" visa is granted to aliens classified as nonimmigrants coming to the United States as participants in an exchange program approved by the Department of State, to study or work for special purposes. This is commonly for graduate study or studies not available in the country of origin. It is the intent that the student return home and utilize there the acquired knowledge and skills. The holder of a "J" visa may be admitted to the United States for a period of up to 1 year, and may apply for

extensions of stay in increments of up to 1 year. Under certain conditions some "J" aliens may apply for adjustment to permanent resident status, while under other conditions the applicant would be required to leave and reside in his own or another country for at least a 2-year period before he may apply for issuance of an immigrant visa or for certain classes of nonimmigrant visas.

Immigrants

The "immigrant" visa is issued for permanent residence in the United States. Most aliens utilizing this route are subject to the numerical limitations set forth in the legislation for aliens from the Eastern Hemisphere. The statute provides for a "third preference" to be granted to aliens who are members of the professions or whose exceptional ability in the arts and sciences will substantially benefit the United States. A "sixth preference" may be granted to qualified persons coming to perform skilled or unskilled services which are in short supply. The Secretary of Labor must certify that there is a shortage of the indicated workers, and that their admission will not adversely affect the conditions of similar workers in the United States.

a. A visa petition for classification under the "third preference" category may be filed with the Immigration and Naturalization Service by the alien or by any person on his behalf. The alien need not demonstrate that he has already secured employment in the United States.
b. A visa petition for classification under the "sixth preference" may be filed by a prospective employer in the United States for a skilled (or unskilled) worker he intends to employ.
c. There is no preference system for natives of independent countries of the Western Hemisphere.

Other foreign nurse graduates may enter the country as children or spouses of citizens, lawful permanent resident aliens, or aliens entering as immigrants under another section of the law, or as parents, brothers or sisters of U.S. citizens, and this is unrelated to their professional status. Once in the United States they may subsequently seek employment as nurses.

Required Documentation for Visa Petition

For any of the visas where a petition is being filed on behalf of a nurse based on her professional qualifications, the petitioner is required to submit evidence that the nurse has obtained a full and unrestricted license to practice in the country where she received her nursing education.

Where a prospective employer is petitioning for temporary admission of nurses, he must submit a statement certifying that to the best of his information, the beneficiaries of his petition (nurses) can meet the legal

qualifications to practice in the jurisdiction where they will be employed.

Copies of contracts between the petitioner (employer) and the nurses must be submitted with a petition for "H" classification.

In the case of a visa petition for "third" or "sixth" preference immigrant classification, the petition must also be accompanied by Department of Labor Form MA 7–50 A, "Statement of Qualifications of Alien," which constitutes the application for the required labor certification.

An alien who seeks to immigrate for the purpose of employment is ineligible to receive a visa unless the Department of Labor has determined and certified to the Department of State and to the Immigration and Naturalization Service that qualified U.S. workers are not available and that his employment will not adversely affect wages and working conditions of the workers in the United States similarly employed. Aliens who have prescribed relationships to citizens or lawful permanent resident aliens of the United States are exempt from the labor certification requirement.

There are, of course, further documents required of all classes of visa applicants, such as those indicating health and moral character.

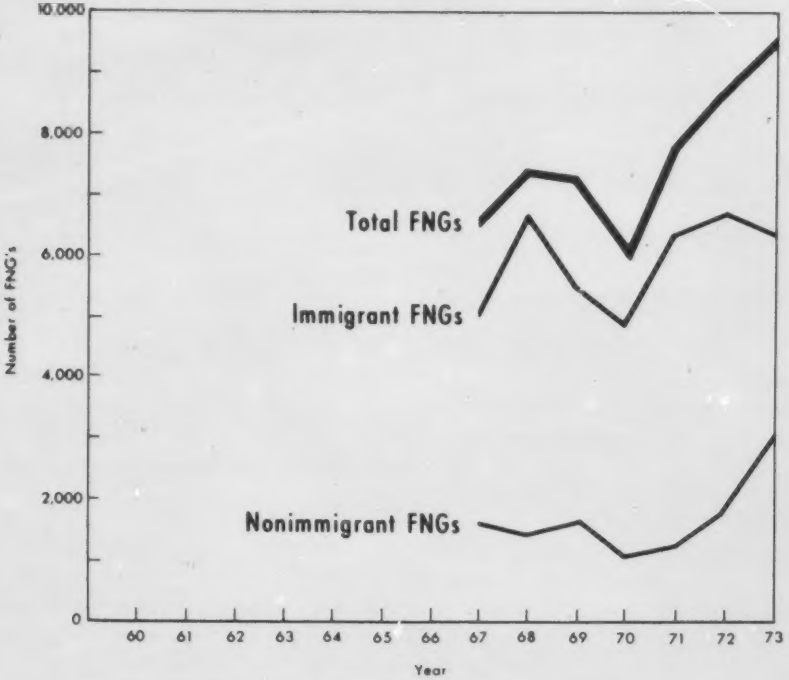
Effects of Changes in Immigration Law

The much larger proportion of nurses immigrating to the United States has come under "immigrant" visas as permanent resident aliens (see figure 1). Since 1970 there has been a sharp increase in the total of nurses entering as nonimmigrants for temporary residence. The availability of the "H" visa, together with a decline in the number of hospital-based educational programs for FNGs who might have come as "students" apparently accounts for the increase in the number entering each year as temporary residents for employment in nursing (see table 3).

Since nurses who enter for employment, rather than as students, must become licensed, the State Boards of Nursing have experienced the impact of greater numbers of applications from graduates of foreign nursing schools. Added to this is the fact that in the past several years, the States have dropped the requirement of U.S. citizenship in applying for nurse licensure. Thus all FNGs who might previously have entered as nonimmigrants (H or J visas) and were not eligible to become citizens, may nevertheless now apply for licensure.

Due to the limitations on the activities of "H–1" visa holders, any difficulty or delay in obtaining a license can create problems for the foreign nurse graduates. The visa requires that an FNG be able to start practicing immediately as a professional nurse. Twenty-sven SBNs granted temporary permits at the time the survey was taken, and the consular officials consider this when granting H–1 visas. (An H–1 visa would not be granted to FNGs intending to be employed in States where temporary permits are not issued, since it would not be possible for them to work as professional nurses upon their arrival.)

Figure 1.—Immigrant and nonimmigrant FNGs admitted to the United States, FY 1967–73



1/ The INS does not have a listing of all FNGs who enter the U.S. since many are not subject to labor certification.

Source: INS, Reports of the Commissioner of Immigration and Naturalization, 1967-1973, Tables 8A & 16B.

When the nurse is admitted but fails to become licensed she may of necessity take employment as an unlicensed nursing assistant or nurse aide. Such employment does not meet the conditions of the H–1 visa, and could prevent the nurse being granted an extension of the visa.

Nurse Practice Acts Provisions Pertaining to Foreign Nurse Graduates

Provisions for licensure of nurses are embodied in the Nurse Practice Acts of the States and Territories. The acts are administered through appointed Boards of Nursing and professional staff, the Boards are responsible for development of the regulations, policies, and procedures for administration of the laws in their States. The intent of the law which is to protect the public against unqualified practitioners is implemented through State Board approval of nursing education programs, and through control of the procedures under which individual nurses are

Table 3.—Nurses admitted to the United States by nonimmigrant visas (FY 1969–73)

Categories	1969	1970	1971	1972	1973	Total 1969–1973
Distinguished merit and ability (H–1)	3	7	716	1,486	2,673	4,885
Other temporary	16	30	19	17	22	104
Trainees	8	13	14	4	12	51
Exchange visitors(J)	1,871	1,109	567	382	424	4,343
Transferees	—	—	5	—	2	7
Total nonimmigrant nurses admitted	1,898	1,159	1,321	1,889	3,133	9,400

Source: *INS, Reports of the Commissioner of Immigration and Naturalization*, 1969–1973, table 16B.

licensed. The requirements for approval of nursing education programs and for nurse licensure reflect the standards for education and practice developed by the nursing profession.

Since each State has the right to set its own requirements and policies, there is a certain amount of variation among the States. The essential requirements for admission to the licensing examination are the same, however, for both U.S.-trained nurses and foreign-trained nurses. Both must show evidence of satisfactory completion of the prescribed amounts of classroom and clinical experience in the five subject areas covered by the State Board Test Pool Examination: Medical Nursing, Surgical Nursing, Obstetrical Nursing, Psychiatric Nursing, and Pediatric Nursing.

Foreign nurse graduates are also required to submit evidence of completion of a comparable level of secondary education as well as nursing education, and evidence of professional nurse registration or licensure or similar certificate in their own countries.

In most of the States FNGs must also provide evidence by whatever test the SBN uses that they have adequate English language proficiency. In a number of States this is determined by direct interview with the FNG applicant.

Only New York State does not require evidence that education be comparable to that obtained by nurses educated in New York. As of July 1971, New York State no longer requires that transcripts be evaluated or educational deficiencies be removed. The regulation states simply that the applicant must have "completed a general nursing course of at least two years in length which is satisfactory to the department and which the licensing authority of said country certifies as preparation for a license as professional nurse." With these credentials the nurse is then admitted to the required State Board Test Pool Examination.

Regulations governing granting of temporary permits to practice are of special concern for foreign nurse graduates. It was difficult to determine how many SBNs issue temporary permits, because this practice was undergoing change. Those SBNs who do (or did) issue temporary permits

do so in a variety of ways. The regulation may simply say, "Temporary permits to practice may be issued." Granting them would then be by the discretion of the State Board. Or they may be very specific, as in the Michigan regulation:

> A work permit may be issued on being scheduled for the SBTPE. The permit will expire twelve weeks from the data of the examination for which the individual is scheduled, provided it does not exceed 6 months. An individual who fails all or part of the SBTPE is not eligible for further permits. The individual absent from the first examination for which he or she is scheduled and who applies for the next available examination may be issued an extension of the work permit not to exceed twelve weeks from the date of the examination for which the individual is scheduled. Work permits will not be issued to Foreign Nurse Graduates who have failed the SBTPE in another state, if this can be determined.

Where States have begun to require that all candidates for first time licensure take the SBTPE, they are experiencing a high failure rate among FNGs. This is leading all the States to discontinue the practice of issuing temporary permits to practice. The high failure rate together with deficiencies in nursing education and English language are indicating that a large proportion of FNGs are not prepared to practice immediately in this country as professional nurses.

This same reason, as well as the difficulty in evaluating large numbers of foreign credentials has influenced the State Boards to discontinue licensing nurses by endorsement. A statement such as, "Foreign nurse graduates may be licensed by endorsement with individual consideration" may appear frequently in the Nurse Practice Acts. The State Boards report, however, that the provision is rarely exercised. It may continue to be applied to FNGs, Canadian nurses for example, who had taken the SBTPE in their own country.

Refresher or remedial education is required by some States where the FNG is unable to pass the SBTPE (first, second, third, or more times) before being admitted to a subsequent examination.

In general, the Nurse Practice Acts contain very few provisions specific to foreign nurse graduates. It is often difficult to interpret the actual policies and procedures being followed, because definitive statements are not made. Thus a simple reading of the law would not be sufficient for an understanding of measures actually in effect in a State. In response to changing patterns in nursing and to demands on the State Boards, changes are being made in procedures which are not necessarily adopted uniformly by all the State Boards. While complete conformity among the States may not be required or desired, the degree of variation is sufficient to cause confusion and misinformation about requirements.

Consular officials located in foreign countries find it difficult to know and interpret to nurses the requirements of the various States. The variations among requirements encourage FNGs in this country to go from State to State seeking more lenient conditions under which they hope to secure a license.

Chapter IV

SURVEY FINDINGS

State Board of Nursing Questionnaire

All but one of the SBNs responded to the questionnaire. However, many of the SBNs did not complete the entire questionnaire. For example, several SBNs were unable to provide a breakdown of FNG applicants by country of basic nursing education; some did not keep records of FNGs who applied for temporary permits to practice. The number of questionnaires returned with inadequate data made it impossible to compile a comprehensive survey. Nevertheless, some information was obtained from the data available.

Applications for Licensure in 1970, 1971, and 1972

Approximately 43,400 applications for licensure were made by FNGs during the time period covered by the questionnaire. Again it is noted that this does not mean that 43,400 individual FNGs made application. It is possible for an applicant to file an application in more than one State or multiple applications in the same State. This total includes the applications reported by 37 Boards of Nursing and estimates of the number of applications in 13 States and the District of Columbia. (See appendix table A1).

Table 5, below, provides a breakdown for SBNs having large numbers of applications. Five SBNs combined—New York, Michigan, California, Illinois, and New Jersey—report over 75 percent of the applications.

A breakdown of applications by cluster of countries of nursing education is presented below in table 4. The totals in this table are relatively small, because several of the SBNs which had large numbers of applicants were unable to provide a breakdown by country of nursing education. Available information showed that nurses from the Philippine Islands filed the largest number of applications, followed by the Americas, the British Isles, and Korea.

Status of FNG Applicants in Meeting Licensure Requirements During 1970–1972

During the 3 years covered by the questionnaire, the Boards of Nursing reported that 20,485 licenses were issued to FNGs either by examination or endorsement. This total was somewhat lower than the actual number of FNGs who became licensed, since several SBNs did not provide this information, and not enough data were available to form the basis for any relatively accurate estimate of numbers in those States.

Table 4.—Clusters of countries educating large numbers of FNGs who applied for licensure during 1970–72

Cluster of countries of nursing education	Number of FNG applications for licensure
Philippines	3,494
Americas	1,774
British Isles	1,028
Korea	532
Subtotal	6,828
All other countries	1,567
Total	8,395

Source: SBN Questionnaire responses.

Table 5.—States receiving large numbers of FNG applications for licensure during 1970–72

State	Number of FNG applications for licensure
New York	[1] 15,593
Michigan	[1] 7,716
California	4,922
Illinois	[2] 2,709
New Jersey	2,271
Subtotal for 5 States	33,211
All other States	10,219
Total	43,430

[1] Estimates based on average ratio of FNG applications to FNG endorsements.
[2] Estimate extrapolated from 2-year total.
Source: SBN Questionnaire responses.

(See appendix table A2.) Licensure by endorsement accounted for 72 percent of the total licenses issued to FNGs. Thirty-seven boards of nursing indicated that during those years they endorsed FNGs based on credentials presented from their foreign country of nursing education. (See appendix table A3.) Table 6 presents a breakdown for SBNs reporting large numbers of FNG endorsements. New York, Michigan and California (whose SBNs received many FNGs applications) account for over 80 percent of the FNGs licensed by endorsement.

Table 7 gives an endorsement breakdown for FNGs by cluster of countries of nursing education. Filipinos comprise the largest percentage of the endorsed population. The Filipinos, together with endorsed FNGs from the Americas, British Isles and Korea, account for almost 90 percent of all endorsements.

The questionnaire indicates that just over 5,700 FNGs were licensed by *examination*. This total includes data provided by 46 Boards of Nursing. Appendix table A4 and figure A1 presents a breakdown by SBN of

Table 6—States endorsing large numbers of FNGs during 1970–72

State	Number of FNGs endorsements
New York	7,453
Michigan	3,703
California	788
Subtotal	11,944
All other States	2,489
Total	14,433

Source: SBN Questionnaire Responses.

Table 7.—Clusters of countries educating large numbers of FNGs who were endorsed during 1970–72

Cluster of countries of nursing education	Number of endorsements
Philippines	6,264
Americas	3,608
British Isles	2,164
Korea	575
Subtotal	12,593
All other countries	1,840
Total	14,433

Source: SBN Questionnaire responses.

the FNGs licensed by examination. California, New Jersey, Texas, and Massachusetts account for over half of the FNGs licensed by examination. However, this high proportion is more a function of large numbers than it is of a high pass rate.

The pass rate reported on the SBN Questionnaire for FNGs taking the State Board Test Pool Exam was low in comparison to total nurses passing the examination. An average of only 23 percent of the FNGs passed their initial SBTPE. FNGs repeating the exam fared somewhat better—an average of 35 percent passed. SBN reports published in the 1970–71 edition of *Facts About Nursing*, published by the American Nurses' Association, show that 83 percent of all nurses (U.S. educated and foreign nurse graduates) who took the SBTPE for the first time in 1970 were successful, and all those who repeated the examination in 1970 passed 53.8 percent of time.

Appendix table A4 provides a breakdown by State of the number and percent of FNGs who passed their first and repeated SBTPE. This table indicates that States which have a higher than average pass rate for FNGs taking their first SBTPE do not always have a better than average pass rate for FNGs repeating the examination. This same relationship is true when applied to States having a low pass rate for FNGs taking their first examination.

Although the Boards of Nursing provided data concerning the number of FNGs who became licensed, it does not follow that the difference between this number and the total FNGs applying for licensure represents FNGs who have not yet obtained licensure. Some of the FNGs reported as becoming licensed during the survey years may have made their application prior to that time, and would not have been part of the reported number of applications made during the survey years.

FNGs Obtaining Temporary Permits to Practice During 1970–1972

Thirty-seven Boards of Nursing indicated that during the survey years they had granted temporary permits to FNGs during the interval between their application for licensure and their initial SBTPE. Alabama, Massachusetts, and Mississippi reported that they also permitted FNGs to practice as nurses prior to making application for licensure. Eighteen of these SBNs reported issuing 6,700 such temporary permits to practice. (See appendix table A5).

In table 8 below, it is observed that four SBNs—Illinois, New Jersey, New Mexico and Massachusetts—reported issuing almost 90 percent of all permits. These SBNs also have relatively large numbers of applicants for licensure.

About half of the FNGs who obtained temporary permits to practice were specified by country of nursing education. Table 9 provides a breakdown by cluster of country of nursing education, which indicates that the FNGs from the Philippines constitute a large percentage of the FNGs who received temporary permits. As was the case before, FNGs from the Americas, the British Isles and Korea account for most of the rest who obtained permits.

The majority of SBNs issue temporary permits to practice which are valid only until an FNG takes the first SBTPE. However, six Boards of Nursing state that they renew temporary permits after an FNG has failed the initial SBTPE. These SBNs are listed in appendix table A6.

Requirements by the Boards of Nursing in 1970, 1971, and 1972

The Boards of Nursing vary considerably in regard to the types of requirements they have for FNGs. The questionnaire surveyed widely used requirements. These requirements are pre-immigration evaluation, citizenship, and demonstration of proficiency in the English language.

Eighteen of the Boards of Nursing reported that they had a requirement for demonstrated proficiency in the English language by FNGs in effect during all or part of the time period convered by the questionnaire. Such a requirement was a prerequisite for pre-immigration evaluation, acquisition of temporary permits to practice nursing, and/or licensure. One-third of the SBNs indicated that they processed pre-immigration evaluations for FNGs, and 14 SBNs required United States citizenship as

Table 8.—States issuing large numbers of temporary permits to practice to FNGs during 1970–72

State	Number of permits issued
Illinois	2,419
New Jersey	2,271
New Mexico	651
Massachusetts	586
Subtotal	5,927
All other States	737
Total	6,664

Source: SBN Questionnaire responses.

Table 9.—Clusters of countries educating large numbers of FNGs who obtained temporary permits to practice during 1970–72

Cluster of countries of nursing education	Number of temporary permits to practice issued to FNGs
Philippines	1,233
Americas	785
British Isles	526
Korea	164
Subtotal:	2,708
All other countries	534
Total	3,242

Source: SBN Questionnaire responses.

a prerequisite to licensure at the time the survey was taken. These data are summarized in appendix table A6.

Conclusions Obtained From the Questionnaire

As one might expect, some States attract more FNGs than others. For example, New York, Michigan, California, Illinois, and New Jersey together account for almost 75 percent of the applications for licensure made by FNGs during 1970, 1971, and 1972.

In most instances, the SBNs in these States were not able to provide a breakdown of applicants by country of nursing education. Consequently, it is not possible to determine if certain nationalities are attracted to specific States. (Data from other SBNs tend to indicate that FNGs are distributed evenly among the States in proportion to the general composition of the known FNG population). However, it is possible to arrive at some conclusions on the reasons why FNGs in general may have been attracted to certain States.

All of the States listed above (New York, Michigan, California, Illinois, and New Jersey) are highly populated, having large urban areas. FNGs

may have been attracted to States where there already are many people of diverse ethnic groups and where employment opportunities for nurses may have been anticipated. With the exception of New Mexico, all of the States whose SBNs reported more than 400 FNG applicants have highly populated urban areas.

All of the SBNs in these five States endorsed FNGs during the time period covered by the questionnaire, and all but California granted temporary permits to practice nursing. From an FNG's viewpoint, it would be expedient to apply for licensure in States where SBNs offer temporary permits/licensure by endorsement. FNGs with H–1 visas, in particular, are drawn to such States, since the Immigration and Naturalization Service will not allow them to enter the country if they intend to reside in a State where temporary permits are not issued. The questionnaire results indicate that FNGs generally have sought licensure where they can take advantage of these policies.

Of these five States, only the Illinois SBN reported a citizenship requirement at that time, and New Jersey and Michigan had the only Boards in this group that stated they had formal English proficiency requirements. FNGs required to secure immediate employment, especially those with non-immigrant status, could be expected to make their initial applications in States with the least demanding requirements, and the questionnaire results seem to indicate that generally they do apply in these States.

It would appear however, that no one factor is solely responsible for attracting large numbers of FNGs. Rather, such numbers would seem to be a function of a combination of these factors.

On-Site Survey in Selected States

After the initial State Boards of Nursing questionnaires had been collected and analyzed, a statistical random sample of the records of FNGs in eight of the more populous States was taken.

For the purposes of the sampling, the FNG population was restricted to those who had been licensed in the 19- to 21-month period following June 1972, and to those who had pending applications on file at the time the sample was drawn and were waiting to take or retake the SBTPE. A separate sample was taken of endorsed FNGs in New York and Michigan, which is discussed below.

Weighting of the Sample

One result of the survey was a more accurate count of FNGs active with the SBNs in the eight selected States during the survey period. This count is presented in appendix table A7. These numbers (and others) were used to generate weights to estimate the number of FNGs for

various tabulations (appendix tables A8–A10). The reader should be cautioned that weighted population estimates of 20 (or 55 for numbers describing SBTPE performance) may represent only one sample, and would therefore be subject to high statistical variation. More reliance can be placed on estimates of several hundred or more.

Clustering of Countries

Graduates of nursing schools in 84 different countries are represented in the sample. Most of these countries are represented by only a few samples. Therefore, for reliability and to minimize questions regarding insignificant samples, the countries are grouped into 12 clusters, presented in appendix table A11 and figure A2. Appendix table A11 also presents the raw numbers of samples from each country. Appendix table A12 presents estimates of the number of FNGs active with the SBNs by cluster of countries and by State.

Characteristics of Foreign Nurse Graduates

Appendix tables A13 through A18 present various basic demographic statistics by cluster of countries of basic nursing education. At the time of the survey, the average FNG was female, 29 years old; she graduated from nursing school around 1967 and had 7 years nursing experience. About half of all FNGs were married.

Educational Deficiencies

All nurses with recorded deficiencies on application are required to remove these deficiencies prior to taking the SBTPE. However, it is of interest to determine whether the previous existence of a deficiency and the act of getting it removed has any impact on subsequent SBTPE performance.

Not all States consistently record information on educational deficiencies. Appendix Table A19 reflects by cluster of countries of basic nursing education the percent of educational deficiencies among those FNGs sampled whose records indicated whether or not educational deficiencies were found. Deficiencies which occurred most frequently in the sampled applications were in psychiatry (19.0 percent), secondary education (17.2 percent), and English (20.3 percent). These data were also analyzed for any relationships between recorded educational deficiencies and subsequent SBTPE performance. This analysis was restricted to information collected in the five or six States (depending on the deficiency) where complete information on educational deficiencies was kept (see table 10 and appendix tables A20 through A23).

It is interesting to note that an initial deficiency in psychiatric nursing had no apparent effect on SBTPE performance. On the other hand, the pass rate for FNGs who had a deficiency which they eliminated in secondary education (44.1 percent) was significantly below that for other FNGs

Table 10.—Observed relationship between educational deficiencies and SBTPE performance for FNGs [1]

Deficiency	SBTPE pass rate [1] for FNGs with record of a deficiency (Percent)	Chi-square [2]	Significance level [3]
Medical	—	(4)	—
Surgical	—	(4)	—
Obstetrics	58.0	0.302	.58
Psychiatric	54.7	3.068	.080
Pediatrics	—	(4)	—
Secondary education	44.3	8.70	.0032
English	76.0	41.73	<.0006

[1] Pass rates computed from FNG records from all eight States. The pass rate for all FNGs (weighted) is 49.1. Pass rate refers to the percent of FNGs active with the SBNs who passed the SBTPE in a 20-month period.

[2] The chi-squares were computed based on records only from the following States having essentially complete records of education deficiencies: California (obstetrics and psychiatry only), Illinois, Louisiana, Massachusetts, Michigan and New Jersey. See appendix tables A20 through A23.

[3] Significant chi-squares were obtained in the last two tests, indicating that FNGs with a deficiency in secondary education had a lower pass rate while, paradoxically, FNGs with English deficiencies had a higher pass rate. The significance level is the probability of obtaining by chance a value for chi-square as large or larger than that computed.

[4] Not computed.

(56.4 percent). Surprisingly, the pass rate for FNGs with English deficiencies (75 percent) was significantly higher than for others (50.1 percent).

One explanation for this seeming paradox might be that FNGs who are officially notified of a language (or other) deficiency are required to take steps to remove the deficiency, and in the process not only improve their language proficiency but also gain some familiarity with objective test styles which helps them in taking the SBTPE. Furthermore, notification of a language deficiency may make the person more aware of the fact that she (or he) will be participating with native speakers in an examination that could be difficult even without that handicap, and this might motivate greater preparation for the SBTPE.

Pass Rate on SBTPE

One of the questions for this study was, "Why do FNGs fail the SBTPE?" or, "What are some apparent determinants of pass rate on the SBTPE?"

The term "pass rate" as used in this report refers to the percent of FNGs taking the SBTPE in the 20-month survey period who passed it. For example, one FNG who took the SBTPE five times and passed it the last time is counted as one who passed; one FNG who took and failed the SBTPE three times is counted as one who failed. Hence, the pass rate is not the percent of FNGs who pass it the first (or second) time they take it. (Nor is it the percent of FNGs who will ultimately pass it.)

The pass rate for FNGs in the eight surveyed States is 50.9 percent,

although it varies significantly from State to State (see table 11). The percent of FNGs who pass the SBTPE the first time they take it is 18.5 percent; on any given exam 32.4 percent of FNGs retaking the SBTPE pass it. Table 12 presents a comparison of the eight surveyed States on the percent of FNGs passing the SBTPE on any given taking, by first time and repeat. The differences between the States in the percent of FNGs who pass the SBTPE the first time they take it are significant (the significance level for the F statistic is .01), although the differences in the percent of FNGs who pass the SBTPE on a retake are not significant.

Although the "pass rate" as defined in this report and the percent of FNGs who pass the SBTPE on any given taking are different concepts, they are related. Another related concept is the percent of FNGs who ultimately will pass the SBTPE, although no reliable estimation procedure was found for it. The licensure process as it relates to these concepts is modeled in the hypothetical analyses of table 12 and appendix table A24. If 18.5 percent of FNGs taking the SBTPE for the first time pass it, and 32.4 percent of repeats pass it, then if no FNGs drop out, 44.9 percent of FNGs will pass it on the first or second try, and 62.8 percent will pass it on one of the first three tries. (See table 12.) If FNGs can take the SBTPE an average of 2–1/3 times in 20 months, then the hypothetical analysis of table 12 indicates a pass rate in 20 months of roughly 50 percent (about one-third of the way from 44.9 percent to 62.8 percent). This corresponds to the pass rate that was found by the survey.

As long as the chances of passing the SBTPE on any given retake do not decline significantly for the fourth or even the tenth retake, theoretically, any FNG who can take it enough times can eventually pass it. This assumption was built into the analysis of table 12. On the other hand, if 20 percent of the failures drop out after each taking of the SBTPE and do not

Table 11.—Pass rate, by State

State	Number of FNGs taking the SBTPE July 1972–February 1974 [1]			
	Passed	Failed	Total	Pass rate
California	1,310	1,368	2,678	48.9
Illinois	1,330	1,269	2,599	51.2
Louisiana	145	1,172	317	45.7
Massachusetts	324	175	499	64.9
Michigan	240	304	544	44.1
New Jersey	1,205	765	1,970	61.1
New York	1,726	2,377	4,103	42.1
Texas	953	555	1,508	63.2
Total	7,233	6,985	14,218	50.9
Chi-square = 359.4	Degree of freedom = 7		Significance level [2]	<.00006

[1] Numbers taken from the lists of FNGs who had taken the SBTPE during the indicated period.

[2] The significance level is the probability of obtaining by chance a value of chi-square as large or larger than that computed. Clearly, the pass rate varies significantly from State to State.

Table 12.—Hypothetical percent of FNGs achieving licensure after multiple takings of the SBTPE, assuming no dropouts [1]

Number of times taking the SBTPE	Percent of FNG applicants entering	Percent Passing		Cumulative percent of applicants passing
		Of entries	Of applicants	
1	100.0	18.5	18.5	18.5
2	81.5	32.4	26.4	44.9
3	55.1	32.4	17.9	62.8
4	37.2	32.4	12.1	74.9
5	25.1	32.4	8.1	83.0
6	17.0	—	—	—

[1] Appendix table A24 presents a similar hypothetical analysis assuming 20 percent of failures drop out.

take it again, then about 65 percent of FNGs will theoretically ultimately pass the SBTPE (see appendix table A23). Since no reliable method of estimating the dropout rate was found, it is not possible to distinguish between the hypothetical analyses of table 12 and table A23.

It is of interest to study various characteristics of FNGs to determine which seem to be related to the pass rate. The relationship between the pass rate and recorded educational deficiencies was discussed in the last section. The age of FNGs does not appear to be related to the pass rate (see appendix table A25).

The pass rate exhibits a significant relationship with the cluster of countries of basic nursing education. (See table 13 and appendix table A26.) Native language does not appear to be significantly related to pass rate on SBTPE (See table 14 and appendix table A27). However, this relationship seems to be obscured by the relatively high pass rate of the Filipinos (60 percent.). When FNGs from the Philippine Islands, which are officially bilingual, are removed from the population, FNGs from countries whose official language is English do have a significantly higher pass rate (see table 15 and appendix table A28).

The percent of FNGs failing the five subject areas (Medical, Surgical, Obstetrical, Psychiatric and Pediatric Nursing) is presented by subject area in appendix table A29.

Temporary Permits to Practice

The records of FNGs sampled showed that 34 percent of them had received temporary permits to practice nursing while waiting to take the SBTPE. Table 16 breaks this down by State. It took an average of .57 years to get a temporary permit approved; see appendix table A30 for more detail.

Stages in the Licensure Process

An FGN applicant goes through several stages before achieving licensure. These stages can be described in terms of certain milestones:

(1) Application
(2) Approval of application
(3) First writing of SBTPE
(4) Last writing of SBTPE (if unlicensed) or licensure

The last year each of these milestones was achieved was recored on the Data Transcription Tool. Appendix table A31, A32, and A33 present the average time between milestones. It should be noted that these averages are not strictly additive; i.e., the average time from application to first writing of the SBTPE is not the average time from application to approval plus the average time from approval to first writing.

This happens because some FNGs have had their applications approved but have not yet written the SBTPE, while others have written the SBTPE, but the year their application was approved is missing from the

Table 13.—Pass rate, by cluster of countries [1]

Cluster of countries of basic nursing education	Pass rate
Africa	21.9
Korea	64.1
Far East	39.9
Southeast Asia	43.9
Sub-Continent	31.0
Middle East Asia	22.0
Australia and New Zealand	71.0
Philippines	60.0
British Isles	45.6
Eastern Europe	16.0
Western Europe	43.5
Americas	24.1
Unknown	19.3
Total	50.9

[1] Percent of FNGs taking the SBTPE between July 1972 and February 1974.

Table 14.—Pass rate versus English as the native language [1]

Official language of the country of basic nursing education	Weighted average of the pass rate
English	45.0
Other	51.7
Total	50.9

[1] Percent of FNGs taking the SBTPE between July 1972 and February 1974.

Table 15.—Pass rate versus English as native language, excluding the Philippines [1]

Official language of the country of basic nursing education	Weighted average of the pass rate
English	45.0
Other	41.8
Total	42.6

[1] Percent of FNGs taking the SBTPE between July 1972 and February 1974.

information in their records. Hence, all the averages do not include the same people.

Endorsements

At one time all of the State Boards of Nursing provided for first-time licensure of FNGs by endorsement. That is, if upon evaluation of their foreign credentials they were found qualified, a license was granted. This practice has been largely discountinued but was in effect in some States during the survey years. As a matter of interest 200 samples of endorsed FNGs were taken in Michigan and 100 in New York.

The basic demographic characteristics of endorsed FNGs did not appear to be vastly different from those for other FNGs. The time required for endorsement is not the same, however. In Michigan, for example, it is shorter; in New York, it is longer, as shown in table 17. These differences are statistically significant (see appendix table A34).

Major Problems Encountered in the Survey

Definitions.—Two significant problems of definitions had to be resolved at the outset. The major question in the definition of "foreign nurse graduate" concerned graduates of Canadian schools of nursing. For several years prior to the survey, nurses in several provinces had utilized the SBTPE in licensing their nurses. Some SBNs considered Canadian nurses as FNGs, while others did not. Therefore it was decided that for purposes of the survey, the designation of Canadian nurses used by the individual SBNs would be followed in retrieving and recording FNG data in the States.

A decision had to be made on the point at which a "contact " with an FNG became an "application." It was decided that an application was made when an FNG submitted the completed application form accompanied by the educational transcripts, references, and other documents required by the particular SBN.

Retrievability of Records.—The record systems of the States vary greatly, both in the kinds of information they secure and in the way it is

Table 16.—Percent of FNGs receiving temporary permits to practice in the surveyed States [1]

State	Percent receiving permits
California	0.0
Illinois [2]	56.5
Louisiana	56.0
Massachusetts	52.0
Michigan	19.3
New Jersey	78.5
New York	38.3
Texas	43.2
Overall	36.5

[1] Percent of FNGs active with the SBNs in the eight selected States between July 1972 and February 1974.

[2] In Illinois, it was not possible to determine whether or not temporary permits to practice had been issued to 46.1 percent of the sample (weighted).

Table 17.—Time required for licensure by endorsement and by SBTPE in Michigan and New York

	Average number of years to licensure	
	By endorsement	By SBTPE
Michigan	.45	1.21
New York	3.32	1.81

filed, stored or discarded. Following repeated testing of the form designed for transcribing information from application records, the selection of years for which data were available, and the kinds of data that could be uniformly transcribed underwent a number of revisions.

Education Needs and Opportunities

The educational needs of FNGs seeking licensure are of two types, education to satisfy a deficiency in their basic nursing education program, and review courses to refresh their knowledge and orient them to professional nursing practice in this country.

An individual's basic program may not have included a specific content area such as psychiatric nursing. In this case, most SBNs require that the nurse satisfactorily completes a course with both theory and clinical practice in psychiatric nursing before being admitted to the SBTPE. In most States the course taken to remove a deficiency must have been approved by the SBN.

Nurses who have no deficiencies may feel it advisable to avail themselves of a review course before taking the SBTPE. Or they may be required to do so after one or more failures on the examination before being admitted to a subsequent examination.

It was generally agreed that courses for FNGs tend to be offered only when there is a need expressed by FNGs in an institution or locality, or when failure of a group to secure their licenses threatens the staffing arrangements of an institution. Few centers exist where courses that meet the needs of FNGs are continuously available.

Because of the irregularity of course offerings no attempt was made to do an exhaustive survey of educational opportunities for FNGs. In the eight States where the on-site survey was done, the Board was asked to supply what information they had about schools which had offered these opportunities. A list of 52 schools and centers was supplied. Forty-three of the 52 schools contacted (83 percent) responded to a letter asking about (1) the type of FNG educational resources available, (2) the experience of the schools or agencies enrolling and conducting courses for FNGs, and (3) identification of their problems and recommendations for more effective programs.

Nineteen of the 43 schools responding (42 percent) indicated they provided educational opportunities for removal of educational deficiencies. Four of the 43 (9 percent) provided review courses only. Twenty-one of those responding (49 percent) did not presently offer educational opportunities. Of these 21 schools, 12 (57 percent) reported that at one time they had programs for FNGs, but due to lack of facilities or lack of requests for such programs, these classes were no longer offered.

Types of Education Resources

The arrangements for the educational opportunities for FNGs were

varied. Three hospitals in Louisiana reported that they provided review courses for FNGs prior to their taking the State Board Test Pool Examination. In all of these programs the Inservice Department of the hospital was responsible for the review courses. Another review course was offered by a hospital-based school of nursing in New York. The University of California at San Francisco, through its continuing education department, was able to provide approximately three 12-week classes per year in basic psychiatric nursing, and individualized courses in other selected subject areas. In Texas two District Nurses Associations of the State Nurses Association have assisted FNGs by offering courses. District Four sponsored four classes, three in psychiatric nursing and one in obstetrical nursing. These activitives led to the establishment of a local Foreign Nurses' Association which was to coordinate any subsequent courses that may be offered. Texas Women's University has offered courses when sufficient need (15 or more enrollees) has been demonstrated.

Of particular interest, because of its magnitude, is the program offered by Pace University, New York City. With partial funding from the New York Education Department, Division of Nursing Education, Pace is able to offer review courses in all five content areas, as well as in English. Since the program began on an experimental basis in 1971, an estimated 2,400 FNGs have been enrolled.

Of the 19 schools reporting they provide educational opportunities for foreign nurse graduates, eight state they have separate courses for foreign nurses. Ten schools have foreign nurse in classes with their regular students. One school does not indicate if its program is separate or with regular students. These 19 programs are offered in seven diploma schools, four associate degree programs, four universities or colleges, two hospitals and two general psychiatric facilities.

Language

As might be expected lack of sufficient English language proficiency is mentioned as a major problem. Seventeen of the responding schools found language to be a complicating factor. It was reported that because of language problems, FNGs require more individual help. Respondents report FNGs claim they needed to spend more time studying than do U.S. educated students. One respondent reports that even though FNGs may have studied in English-speaking schools in their home country, language is a problem for them. Another respondent states that the subtleties and nuances of the English language are not grasped by FNGs.

Passing an English proficiency exam is a requirement at one school offering review courses, but the school reports that language is still a barrier to those admitted to the courses.

Objective Test Style

The next problem most frequently mentioned (six times) was the objective test style. Apparently the testing style in most foreign nursing programs in other countries is essay or descriptive summary type. The analytical multiple choice approach used in the SBTPE in the United States is therefore unfamiliar to FNGs. Recognizing this, four schools indicate they purposely give objective examinations during the course in an extra effort to help the FNGs learn how to approach an objective test. One respondent wrote, "Their unfamiliarity with multiple choice, multiple response situation questions caused great difficulty in testing and created feelings of frustration and hostility." The particular school had provided programs for 360 FNGs between September of 1969 and January 1974.

Other Problems

Some respondents discussed cultural differences that showed in attitudes toward work, adherence to time schedules, and in both work and class attendance. There were differences discussed about FNG orientation to health care in general and in perspectives on mental illness, nutrition, and child care.

A particular problem in providing courses for FNGs was the integrated nature of much of the curriculum in U.S. schools of nursing. In this system, subject areas which become parts of the SBTPE are not taught as separate and discrete subjects. Thus specific courses such as Pediatrics or Psychiatry may not be available for enrollment of FNGs. Nursing schools already fully involved have few additional resources to give to designing and conducting courses to meet the special and individualized needs for FNGs.

Also, as compared to a class of basic nursing students, a group of FNGs could be of widely differing ages and kinds of nursing experience; so that there would be considerable difference in their readiness to benefit from course offerings.

The FNGs themselves were reported to be usually working full time, often on a night shift, and often caring for a family as well. This left them with little time and money to spare for education.

Recommendations from Schools of Nursing

Some schools reported positive aspects of having foreign nurses in their classes. They found their presence offered an additional dimension to the experience of faculty and U.S. students alike. It must be observed, however, that these reports were on situations where only one or two foreign nurse students were included in what were apparently basic nursing education programs.

The recommendations made by the respondents are as diverse, apparently, as their experiences have been. Not everyone offering courses for FNGs had suggestions for the improvement of their courses.

Language

Although 17 have reported language a problem, only three had specific recommendations about how to deal with this problem. One school simply recommended fluency in English. Another director suggested an English proficiency test, and the last recommendation was for a required reading course. All of these comments were from Michigan.

Organization of Courses

There were seven recommendations about the organization of the educational courses. Two made specific statements about the need for flexibility to allow for individual differences in achievement. Another indicated remedial work should be provided if necessary. One writer said the course should be slower paced for FNGs. It was suggested by still another that clinical experience should take place concomitantly with classroom work. Another suggestion was that courses be offered only in the daytime, with weekends being utilized only if necessary.

Number of FNGs Served

Only 18 out of 43 of the respondents indicated the number of nurses who had enrolled in courses. Table 18 below represents the numbers in each subject area by State. The reported time frame for these courses ranged from 1968 to January 1974. The totals represent only those reported in this very limited survey and do not indicate the extent of efforts made throughout the country to assist FNGs to overcome the obstacles to their securing a license.

Table 18.—Numbers of FNGs reported participating in selected educational programs in selected States 1968–74

State	Courses offered					
	Not designated	Med-surg	OB	Psych	Peds	Total
California	—	—	—	420	—	420
Illinois	—	—	—	40	—	40
Louisiana	30	1	1	6	1	39
Massachusetts	—	—	1	3	1	5
Michigan	16	—	—	129	1	146
New Jersey [1]	—	—	—	—	—	—
New York	2,400	219	—	147	—	2,766
Texas	—	—	25	44	25	94
Total	2,446	20	27	789	28	3,510

[1] No report on number of persons.

Effects of Additional Education

Only three programs report the results of the SBTPE subsequent to additional education. A Texas program reports that 42 percent of the FNGs attending classes were successful on the licensing exam. Louisiana had two schools reporting 36 percent of the FNGs successful.

The on-site survey in the 8 selected States offers very little information in regard to effects of additional education, because so few FNG records yielded information or evidence of review courses having been taken.

Other

The nursing schools responding to the letter made six other suggestions. They are as follows: identify mutually agreed upon goals in advance, choose faculty advisors who have a personal interest in foreign nurses, keep basic science courses current, assist FNGs with tuition or stipends, provide courses through State-approved agencies, develop a special battery of tests to be given in the home country to determine likelihood of success in SBTPE.

Conclusion

It must be assumed that there have been more educational opportunities available to FNGs than are reported here. However, it is apparent from this data that what is available in the eight States has not met the needs of FNGs attempting to meet licensure requirements and/or secure additional education following failure on the SBTPE.

FNGs needing additional education are in a difficult situation. They must have supplemental courses work before they can take the licensing examination, but courses are not available to them. They must be licensed or making recognized progress toward licensure before they can be employed as professional nurses, and those nurses with temporary resident (H–1) visas must be employed as professional nurses in order to have their visas renewed or extended.

Some SBNs recommend that the nurses secure the needed course work in their home countries before coming to the United States. It should not be difficult for nurses to learn the basic course requirements for admission to the SBTPE. However, there is presently no mechanism for evaluation of a foreign nurses's individual readiness to take and pass the SBTPE. The need for refresher or remedial course work that is evidenced by failure on the examination must then be satisfied in this country.

Many SBNs have given generous assistance to FNGs in counseling, tutoring, and arranging courses, a service not usually offered to U.S. graduates who have failed the SBTPE. With their increasing workload, SBNs in many States now state that it is the responsibility of all applicants for licensure to secure the education they need.

Suggested Methodology for Uniform Data Collection

It was recognized at the initiation of the survey project that a major problem in gathering information about FNG applicants for State licensure would be the great variation in record-keeping practices among the States. Since it was anticipated that regular reporting of more detailed data would be useful in understanding and resolving the problems of nurse immigration, it was made a task of the project to develop a uniform data collection tool. If acceptable the tool could be used by all SBNs to record and report basic information FNG licensure activity in their States.

The American Nurses' Association Statistics Department has collected annually from the SBNs figures on licensure of FNGs and their countries of origin. The Project Director working with the staff of the ANA Statistics Department developed a data collection system that would provide more detailed information on FNGs (see appendix B). the proposed data collection tool was sent to the eight SBNs in which the on-site survey was done. These States with high numbers of FNG applicants were asked to comment on the feasibility and probable acceptance for use of the proposed record-keeping system.

Only four of the eight SBNs replied, and without exception those responding felt the process would be very time consuming. Two of the four said for that reason they would not participate in using this particular tool. Other reasons given for not participating concerned a feeling that the data would not be useful to the particular State and they could not see the use of supplying data not required for licensure. Two of the four who replied stated they would be willing to use the system proposed.

One respondent suggested that if the data were really needed, it should be sought directly from the FNG applicant. Acting on this approach it is suggested that when the licensure application is completed, each FNG also complete a Data Collection Form. State Boards of Nursing could accumulate these much abbreviated forms and forward them annually to the ANA Statistics Department for processing. ANA would then have available current data on the number and characteristics of FNG licensure applicants as well as the numbers licensed.

There would still remain a gap in knowing the licensure status of individual nurses, particularly as it relates to their visa status or their employment, and the degree to which FNGs make applications in more than one State. However, with the limited resources for enforcement of licensure or immigration regulations the purpose of accumulating detailed information was not clear.

General Related Findings

In carrying out the survey, various pieces of information not directly related to the project came to the attention of the project staff. This information is presented for the additional insights it gives to the question of immigration and professional nursing practice.

Lack of Information About Requirements

It was reported by SBNs that it was not unusual for FNGs to arrive in the United States with very little understanding of what the license is or about the process of securing it. They may have no knowledge that each State is a separate jurisdiction and has its own rules and regulations. This lack of understanding is illustrated by reports of FNGs presenting themselves to an SBN dressed in nurse's uniform and read for work.

Practicing Nursing Without a License

The number of FNGs who are practicing nursing in this country is unknown, as is the number of those practicing without a license as a registered nurse. Many have not made even the initial contact with a SBN. As an example, in 1970 an educational project in Boston enrolled 29 FNGs in a course in psychiatric nursing. Six of the 29 applicants were unknown to the Massachusetts SBN. These six FNGs had been employed in Massachusetts as follows:

Length of time	*Number of FNGs*
Unknown	1
3 years	1
7 years	1
7–9 years	1
12 years	2

In the same year a survey done by the Massachusetts Hospital Association states that at the time the survey was done there were 588 FNGs employed in the State. Of the 588, the status toward certification for a temporary permit and/or licensure was unknown for 177.

Mobility

While it is true the FNGs may arrive in this country with little knowledge of SBN regulations, their contact with resident FNGs helps them learn about the States that have conditions that are more advantageous to them in becoming licensed. These may be policies regarding temporary permits or repeated examinations which permit them to prolong their unlicensed employment. Or they may learn of areas where needed educational resources exist. While no information is available on the movement of FNGs in this country, the concentration of FNGs in States which had previously facilitated immediate employment supports observed mobility trends.

It was also observed that while employers may petition for FNGs to staff agencies in areas experiencing a lack of nursing personnel, the nurses soon leave these areas for larger urban centers where a more adequate supply of nurses already exists.

Thus, SBN personnel in the States to which FNGs initially migrate,

spend a great deal of time with FNG applicants only to have those individuals move on. This necessitates further processing of the applicant in the next jurisdiction.

A quarterly publication of the American Hospital Association, *Practical Approaches to Nursing Service Administration*, devotes the entire winter 1973 issue to a discussion of employing foreign nurses. The introductory paragraph of that issue discusses another aspect of the mobility problem:

> Whether because of an actual shortage of nurse manpower or a geographical maldistribution of nurse resources in this country, hospitals and communities have recruited and continue to recruit nurses from foreign countries to assist in meeting their nursing care requirements. However, shortages that do exist in certain areas are not likely to be alleviated by the introduction of foreign-trained nurses, because they also may tend to concentrate in areas where American-trained personnel are in abundance.

Security of the Licensure Examination

Mobility of FNGs has also been encouraged by the scheduling by the SBNs of the examinations. The same SBTPE series may have been given in several different States but on different dates. FNGs who had applied in several States could take the exact same examination more than one time. This situation also contributed to the possibility of nurses revealing to one another the content of the examination.

Because of its concern for these actual and/or potential breaks in security, the Council of State Boards has recommended to its constituents that the SBTPE be administered on the same date twice a year in all SBNs, and that a new examination be given each time. In this way the chances for security breaks would be reduced.

Chapter V

SUMMARY

U.S. Immigration Laws

U.S. Immigration Laws and regulations were explored thoroughly. It is clear that amendments to the law have made it possible for more FNGs to come to this country. The amendment effected in 1965 repealed the National Origins Quota System. A 1970 amendment deleted the word "temporary" from the definition of employment which may be held by nonimmigrant aliens of "distinguished merit and ability" thus permitting them to remain in this country indefinitely by securing repeated extensions of their visas. Although there has been a 65 percent increase in nurses entering the country as nonimmigrants—from 1,898 in 1965 to 3,133 in 1973—the greater number of FNGs still enter the United States as permanent resident immigrants. The immigrant and nonimmigrant categories combined increased 28 percent—from 7,364 in 1969 to 9,468 in 1973.

Nurse Practice Acts

The 50 State Boards of Nursing and the District of Columbia have as their primary responsibility protecting and safeguarding the public. Each SBN is responsible for developing rules and regulations to implement the Nurse Practice Act for their jurisdiction.

The requirements for licensure are the same for both FNGs and U.S.-educated nurses.

There is variation among the SBNs with regard to proof of English proficiency, and temporary permits to practice nursing for FNGs.

During the years of the survey a number of States still continued to license some FNGs by endorsement, a practice now almost entirely discontinued.

The requirement of U.S. citizenship for State licensure is being discontinued.

SBN Questionnaire

During the years 1970–1972 a total of 43,430 Foreign Nurse Graduates made application for licensure to the 51 State Boards of Nursing. A total of 20,485 FNGs were licensed; 14,732 were licensed by endorsement while 5,753 were licensed by examination. Temporary permits to practice were issued to 6,664 from 1970–1972. Six States reported that they renewed temporary permits to practice after the first failure on the SBTPE. Pre-immigration evaluations were processed in 17 States. For this time period, 1970–1972, nine States required U.S. citizenship for

licensure. Formal proof of English language proficiency was required at some point in the licensure process by 11 States.

On-Site Survey in Selected States

At the time of application for licensure, the average FNG is a 29-year-old female, a graduate of a 3-year nursing education program and has 7 years of nursing experience. The survey results show that of the FNGs who have filed application with State Boards of Nursing in the years 1971–1973, 43 percent were educated in the Philippine Islands. An FNG taking the SBTPE for the first time had approximately a 20 percent chance of passing. English as a native language did not appear to be significantly related to pass rate. However, this appeared to be related to the higher pass rate of the Filipinos (60 percent). When the FNGs educated in the Philippines were removed from the population, FNGs from countries whose official language is English did have a significantly higher pass rate. The study also indicated that FNGs who have a deficiency in secondary education are likely to have considerable difficulty with the examination. FNGs who became licensed by examination did so in an average of 1.7 percent from the time of initial application in the particular State.

Educational Opportunities for FNGs

Between the years 1968 and 1973 approximately 3,510 FNGs enrolled in nursing programs for supplemental education, as reported by 43 schools in the selected States. Forty-three of the 52 schools contacted responded to inquiries about the availability of educational opportunities for FNGs. Eighteen of the 43 schools offered courses for removal of educational deficiencies, whioe only four programs offered review courses. The respondents indicated that language and the objective test style were the major problems encountered by FNGs seeking additional education. Schools providing educational opportunities to FNGs are not always aware of the SBTPE performance of the FNGs subsequent to additional education.

Recommendations

Specific recommendations have been listed at the end of chapter 1. There is need for increased cooperation and collaboration among all agencies which deal with foreign nurse graduates. Pre-immigration screening examinations should be administered to FNGs. Hospitals and agencies employing FNGs should help them become licensed by providing financial assistance and educational leave. The Council of State Boards (ANA) should examine the SBN policies with regard to FNGs and make the appropriate recommendations for changes to bring about consistency among States and to assure public safety.

It is reasonable to assume that foreign nurse graduates will continue to

come to this country as they seek economic opportunities and opportunities for education and advancement in their careers. Efforts must be made to help insure that those who come will have reasonable assurance of being able to enter the licensing process in the States.

APPENDIX A

Letter and questionnaire to State Boards of Nursing

STATE BOARD OF NURSING QUESTIONNAIRE

FOREIGN NURSE SURVEY

TO: Executive Directors, State Boards of Nursing

FROM: Ruby Harris Platt, R.N.
Director, Foreign Nurse Project

DATE: August 30, 1973

SAMPLE

Name of State Board of Nursing

Name of Person Completing Form

Title

INSTRUCTIONS:

This survey is being conducted to secure basic statistical information regarding licensure of the foreign nurse graduates. Eight states will later be selected from those having the highest number of foreign nurse graduate applicants for intensive study.

Please complete this form to the best of your ability. Attach additional pages if necessary. Your response by September 24, 1973 will be greatly appreciated so that the results can be tabulated in preparation for the next step in the Foreign Nurse Project.

If one or more questions are not applicable to your state, please write "not applicable" and please state why you cannot supply the answer (e.g., information not recorded, information not available, etc.)

Form Approval OMB No. 68-S 73119.

1. Did your State Board of Nursing have a regulation that permitted foreign nurse graduates, including Canadians, to be employed prior to application for licensure in the years 1970, 1971, 1972?

	YES	NO
1970		
1971		
1972		

2. Did your State Board of Nursing have a regulation that permitted employment of foreign nurse graduates, including Canadians, for the interval between application for licensure and initial writing of SBTPE in the years of 1970, 1971, 1972?

	YES	NO
1970		
1971		
1972		

3. Did your State Board of Nursing have a regulation permitting renewal or extension of the work permit or certification when the foreign nurse graduates, including Canadians, failed the SBTPE for the years 1970, 1971, 1972?

	YES	NO
1970		
1971		
1972		

SAMPLE

4. If answer is "yes" to any of questions 1, 2 or 3, how many foreign nurse graduates by country of education made application for a work permit or certification for temporary employment and how many successfully obtained this in 1970, 1971 and 1972?

Country of Education	1970		1971		1972	
	Made application for work permit or certification	Obtained work permit or certification	Made application for work permit or certification	Obtained work permit or certification	Made application for work permit or certification	Obtained work permit or certification
Australia						
Canada						
Cuba						
England						
Germany						
Guyana						
Haiti						
India						
Iran						
Ireland						
Jamaica						
Korea						
Mexico						
New Zealand						
Puerto Rico						
Philippines						
Scotland						
Sweden						
Taiwan						
Thailand						
Other (Specify by country)						

5. How many foreign nurse graduates, including Canadians, filed an APPLICATION FOR THE FIRST TIME for registered nurse licensure in your state by country of education for the years 1970, 1971 and 1972?

Country of Education	1970	1971	1972
Australia			
Canada			
Cuba			
England			
Germany			
Guyana			
Haiti			
India			
Iran			
Ireland			
Jamaica			
Korea			
Mexico			
New Zealand			
Puerto Rico			
Philippines			
Scotland			
Sweden			
Taiwan			
Thailand			
Other (Specify by country)			
TOTALS			

(Please indicate totals even if you are unable to give specific figures for individual countries.)

SAMPLE

6. How many foreign nurse graduates, including Canadians, took the SBTPE for the FIRST TIME and how many of them passed on the first writing of the examination in the years 1970, 1971, and 1972?

	Took SBTPE	Passed SBTPE
1970		
1971		
1972		

7. How many foreign nurse graduates, including Canadians, repeated the SBTPE and of this number, how many obtained their license in 1970, 1971, and 1972?

	Number of FNGs Repeating Examination	Number of FNGs Passing the Repeated Examination
1970		
1971		
1972		

SAMPLE

8. How many foreign nurse graduates, including Canadians, without taking SBTPE obtained licensure by endorsement based on their credentials presented from a foreign country in the years of 1970, 1971 and 1972?

(Do not include those endorsed from another state in the USA.)

Country of Education	1970	1971	1972
Australia			
Canada			
Cuba			
England			
Germany			
Guyana			
Haiti			
India			
Iran			
Ireland			
Jamaica			
Korea			
Mexico			
New Zealand			
Puerto Rico			
Phillipines			
Scotland			
Sweden			
Taiwan			
Thailand			
Other (Specify by country)			
TOTALS (Please indicate totals even if you are unable to give specific figures for individual countries.)			

SAMPLE

9. Did your State Board of Nursing require foreign nurse graduates, including Canadians, from non-English speaking countries to take an English Proficiency Examination for preimmigration evaluation, work permit (certification) or license in 1970, 1971 or 1972? If yes, please indicate name of the test required.

	Preimmigration Evaluation			Work Permit or Certification			Licensure		
	Yes	No	Name of Test Used	Yes	No	Name of Test Used	Yes	No	Name of Test Used
1970									
1971									
1972									

10. Did your State Board of Nursing have a citizenship requirement for licensure of foreign nurse graduates, including Canadians, in the years 1970, 1971 and 1972?

	YES	NO
1970		
1971		
1972		

11. Did your State Board of Nursing process pre-immigration evaluations in the years 1970, 1971 and 1972? If so, how many applications were received in these years?

	YES	NO	Number
1970			
1971			
1972			

12. What additional basic statistical information do you believe would be useful to secure on foreign nurse graduates?

SAMPLE

Data transcription form

DATA TRANSCRIPTION TOOL

Contract No. NIH 72-4300
AMERICAN NURSES' ASSOCIATION
2420 PERSHING ROAD
KANSAS CITY, MISSOURI 64108

SURVEY OF FOREIGN NURSE APPLICANTS FOR REGISTERED NURSE LICENSURE IN U.S.A.

		PUNCH
A.	IDENTIFICATION INFORMATION	
1.	CARD I.D. 1 of 2	1
2.	STUDY I.D.	2 3 4 5 6 7
3.	INDIVIDUAL I.D. NUMBER	8 9 10 11 12
4.	YEAR OF FOREIGN NURSE GRADUATE RECORD REVIEWED	13 14
5.	SOCIAL SECURITY NUMBER	15 16 17 18 19 20 21 22 23
B.	GENERAL INFORMATION	
1.	CURRENT RESIDENCE (zip code) _____ (address)	24 25 26 27 28
2.	YEAR OF INITIAL LICENSURE APPLICATION ON FILE	29 30
3.	YEAR THE INITIAL APPLICATION APPROVED FOR SBTPE	31 32
4.	NUMBER OF LICENSURE APPLICATIONS ON FILE	33 34
5.	CERTIFICATION OR WORK PERMIT FOR TEMPORARY EMPLOYMENT	35
6.	YEAR WORK PERMIT ISSUED	
C.	CHARACTERISTICS OF NURSE	
1.	SEX 1. MALE 2. FEMALE 9. MISSING INFORMATION	36
2.	YEAR OF BIRTH	39 40
3.	COUNTRY OF BIRTH _____	41 42 43
4.	MARITAL STATUS 1. SINGLE 2. MARRIED 3. WIDOWED 4. SEP/DIVORCED 9. MISSING INFORMATION	44
D.	PROFESSIONAL EDUCATION	
1.	BASIC EDUCATION PREPARATION 1. DIPLOMA 2. ASSOCIATE DEGREE 3. BACCALAUREATE 4. OTHER	45
2.	COUNTRY OF BASIC NURSING EDUCATION _____	46 47 48
3.	YEAR OF BASIC NURSING SCHOOL GRADUATION	49 50
4.	COUNTRY OF ORIGINAL LICENSURE	51 52 53

E. EDUCATIONAL QUALIFICATIONS

1. WERE THERE DEFICIENCIES IN ANY OF THESE AREAS

MEDICAL	SURGICAL	OBSTETRICS	PSYCHIATRY	PEDIATRICS	SECONDARY EDUCATION	ENGLISH PROFICIENCY
(circle one) Col. 54	(circle one) Col. 55	(circle one) Col. 56	(circle one) Col. 57	(circle one) Col. 58	(circle one) Col. 59	(circle one) Col. 60
1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION

2. WERE COURSES TAKEN FOR REMOVAL OF DEFICIENCY IN THESE AREAS

MEDICAL	SURGICAL	OBSTETRICS	PSYCHIATRY	PEDIATRICS	SECONDARY EDUCATION	ENGLISH PROFICIENCY
(circle one) Col. 61	(circle one) Col. 62	(circle one) Col. 63	(circle one) Col. 64	(circle one) Col. 65	(circle one) Col. 66	(circle one) Col. 67
1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION

SAMPLE

Form Approved
O.M.B. No. 68 - S73119

3. WERE PROFICIENCY EXAMINATIONS TAKEN TO ELIMINATE A DEFICIENCY IN AREA

MEDICAL (circle one) Col. 68	SURGICAL (circle one) Col. 69	OBSTETRICS (circle one) Col. 70	PSYCHIATRY (circle one) Col. 71	PEDIATRICS (circle one) Col. 72	SECONDARY EDUCATION (circle one) Col. 73	ENGLISH PROFICIENCY (circle one) Col. 74
1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION

F. STATE BOARD EXAMINATION EXPERIENCE

PUNCH

1. DID CANDIDATE WRITE SBTPE IN ANOTHER STATE
   1. NO 2. YES 9. MISSING INFORMATION — 75

2. WHAT STATE? _____ (STATE) — 76 77

3. WHAT YEAR? — 78 79

80

CARD I.D. 2 of 2 — 1

STUDY I.D. — 2 3 4 5 6 7

INDIVIDUAL I.D. — 8 9 10 11 12

4. YEAR OF INITIAL WRITING OF SBTPE IN THIS STATE — 13 14

5. YEAR OF LAST WRITING OF SBTPE IN THIS STATE — 15 16

6. NUMBER OF TIMES SBTPE WRITTEN IN THIS STATE — 17 18

SAMPLE

G. LICENSURE BY EXAMINATION

1. HAS CANDIDATE PASSED SBTPE
   1. NO (incl. 2. YES 3. NOT YET TAKEN 8. DOES NOT APPLY — 19

2. YEAR PASSED — 20 21

3. IF STILL UNLICENSED, CURRENT STATUS BY AREAS

MEDICAL (circle one) Col. 22	SURGICAL (circle one) Col. 23	OBSTETRICS (circle one) Col. 24	PSYCHIATRY (circle one) Col. 25	PEDIATRICS (circle one) Col. 26
1. FAIL 2. PASS 8. DOES NOT APPLY	1. FAIL 2. PASS 8. DOES NOT APPLY	1. FAIL 2. PASS 8. DOES NOT APPLY	1. FAIL 2. PASS 8. DOES NOT APPLY	1. FAIL 2. PASS 8. DOES NOT APPLY

4. REVIEW COURSES TAKEN IN AREA

MEDICAL (circle one) Col. 27	SURGICAL (circle one) Col. 28	OBSTETRICS (circle one) Col. 29	PSYCHIATRY (circle one) Col. 30	PEDIATRICS (circle one) Col. 31
1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION	1. NO 2. YES 8. DOES NOT APPLY 9. MISSING INFORMATION

H. LICENSURE BY ENDORSEMENT

PUNCH

1. HAS CANDIDATE BEEN LICENSED BY ENDORSEMENT
   1. NO 2. YES, FROM COUNTRY OF BASIC NURSING EDUCATION — 32

2. YEAR OF ENDORSEMENT — 33 34

8 — 35 . 80

Letter to Directors of educational programs for foreign nurse graduates

August 6, 1974

Mrs. Mary F. Moran, Director
Boston City Hospital, Department of
Health and Hospitals
745 Massachusetts Avenue
Boston, Massachusetts 02118

Dear Mrs. Moran:

This will concern the "Survey of Foreign Nurse Graduate Applicants for RN Licensure in the U.S.," Contract No. NIH 72-4300, which is being conducted by the American Nurses' Association and is funded by the Bureau of Health Manpower Education, U.S. Department of HEW.

As you may or may not know, this Survey is being done to collect information concerning the foreign nurse graduate applicants for licensure in the U.S.A. Last fall, a questionnaire was sent to each of the 51 Boards of Nursing which secured general information about the population of foreign nurse graduates in the U.S. From this information, we chose eight states among those reporting the largest foreign nurse graduate populations. The states are California, Illinois, Louisiana, Massachusetts, Michigan, New Jersey, New York and Texas. In these states, an in-depth study of individual foreign nurse graduate records will be conducted.

While at the Board of Nursing office in Boston, I was told that you have offered nursing review courses to foreign nurse graduates. I would appreciate any information which could be shared with me concerning the following:

1. Type of educational resources available.

2. The experiences of schools and/or agencies enrolling and conducting courses for foreign nurse graduates.

3. Identification of their problems and recommendations for more effective educational programs.

This information would be used in the final report of the Survey but the name of the institution would not need to be included.

Thank you for your assistance.

Sincerely,

Ruby Harris Platt, R.N.
Director
Foreign Nurse Survey

Letter to State Boards of Nursing concerning uniform data collection method

September 6, 1974

Mrs. Margaret L. Rowland
Executive Secretary
Board of Nurse Examiners
55 North Interregional Highway
Suite 101
Austin, Texas 78702

Dear Mrs. Rowland:

This letter is in regard to the Foreign Nurse Survey funded by the Bureau of Health Manpower Education, Department of Health, Education and Welfare and being conducted by the American Nurses' Association. The collection of data has been completed and we are pleased with the assistance and cooperation of the State Boards of Nursing. The data is now being processed and will be ready for tabulation in the near future.

One of the objectives of the Contract is the development of a design for a record system which might be adopted by all states which would allow for continuous and uniform information regarding foreign nurse graduates who apply for licensure. Rather than develop a complete system of records, it has been envisioned that it might be more appropriate to develop a simple form which could be maintained for each foreign nurse graduate applying for licensure. This form could be retained in a separate file which could be easily retrieved. The methodology for data collection would be similar to that used for the inventory. If the system is accepted, ANA would collect this data at periodic intervals for processing.

This proposed methodology has been developed by the ANA Statistics Department. Will you please peruse this document and give us input as to the feasibility of such a plan.

As you are aware, it is urgent that we have available consistent information regarding foreign nurse graduates in this country. You comments would be appreciated by October 10, 1974.

Thank you again for your cooperation in this study.

Sincerely,

Ruby Harris Platt, R.N.
Director
Foreign Nurse Survey

Enclosure

Table A1.—FNGs making initial application for licensure, by State and cluster of countries of nursing education, 1970–1972

State	All countries	Africa	Korea	Far East	S.E. Asia	Sub-continent	Mid-east	Australia, New Zealand	East Europe	West Europe	Americas	Philip-pines	British Isles	Unknown
Alabama	37		2	4	5	6				4	3	5	8	
Alaska	87		8		2	1		6	13	8	29	20		702
Arizona	[2] 702													
Arkansas	16					1		3		2	5	3	2	
California	4,922													4,922
Colorado	136	1	4	1	4	1		5	5	11	82	5	17	
Connecticut	355													355
Delaware	28		3	1						3	4	9	8	
D.C.	[1] 177													177
Florida	322	1	4	16	9	10	2	3	6	14	177	57	23	
Georgia	[2] 74													74
Hawaii	[2] 396													396
Idaho	33	1	1	2			2	5		2	9	7	4	
Illinois	[3] 2,709											658		2,051
Indiana	[1] 251													251
Iowa	205													205
Kansas	218		29	5	13	62	1	4		4	22	62	16	
Kentucky	[1] 49													49
Louisiana	449	1	14	10	12	12		2		7	41	316	34	
Maine	98	1	2	2		3		1		7	61	8	13	
Maryland	453	8	52	15	30	35	12	7	3	9	158	108	16	
Massa-chusetts	591	7	19	10	6	5	11	11	2	29	188	97	206	

See footnotes at end of table.

Table A1.—FNGs making initial application for licensure, by State and cluster of countries of nursing education, 1970–1972—continued

State	All countries	Africa	Korea	Far East	S.E. Asia	Sub-continent	Mid-east	Australia, New Zealand	East Europe	West Europe	Americas	Philip-pines	British Isles	Unknown
Michigan	[1] 7,716													7,716
Minnesota	287	3	16	10	5	13	1	7		12	66	132	22	
Mississippi	88		5	4	2	1	1	1		3	5	54	12	
Missouri	407	5	42	24	36	23	2	5	4	15	58	158	35	
Montana	20									3	9	4	4	
Nebraska	26	1	2							3	13	1	6	
Nevada	31			1		4		2			11	13		
New Hampshire	28			2	1			2		1	12	4	6	
New Jersey	2,271	4	18	6	4	35	5	2	4	9	28	482	143	1,531
New Mexico	678	1	73	20	5	2	1	8		17	424	85	33	9
New York	[1] 15,593													15,593
North Carolina	[3] 91	2	8	4	3	1	2	3		3	9	14	12	30
North Dakota	79		18	4	1	4	2	1		2	18	24	5	
Ohio	[1] 456													456
Oklahoma	139	3	20	6	2	8	5	2	1	10	13	55	14	
Oregon	476	4	9	5	10	7	7	10	3	20	76	289	36	
Pennsylvania	[1] 383													383
Rhode Island	39			1			1			3	3	23	8	
South Carolina	[1] 33													33
South Dakota	12		2					1			4	3	2	
Tennessee	[1] 103													103
Texas	1,313	40	108	32	27	151	10	88	3	40	152	399	263	

See footnotes at end of table.

Table A1.—FNGs making initial application for licensure, by State and cluster of countries of nursing education, 1970–1972—continued

State	All countries	Africa	Korea	Far East	S.E. Asia	Sub-conti-nent	Mid-east	Australia, New Zealand	East Europe	West Europe	Americas	Philip-pines	British Isles	Unknown
Utah	163	3	16	14	6	6	1	6		11	47	33	20	
Vermont	32						1		1	2	11	6	11	
Virginia	144	1	6	4	5	2	3	3		8	9	96	7	
Washington	430	6	32	29	7	13	4	11	1	38	11	244	34	
West Virginia	23		1		3	1		1		7	3	7		
Wisconsin	29	1	6	3		1				1	5	6	6	
Wyoming	32		12	1						2	8	7	2	
Total	43,430	94	532	236	198	408	74	200	46	310	1,774	3,494	1,028	35,036

[1] Estimate based on the average proportion of FNG applicants for licensure who became licensed.
[2] Estimate based on the average proportion of immigrants who were FNG applicants for licensure.
[3] Estimate derived from a 2-year total, which was extrapolated for a third year.

Table A2.—Licensed FNGs, by State, 1970–72

State	By endorsement	By SBTPE	Total
Alabama	(1)	10	10
Alaska	44	14	58
Arizona	(2)	(2)	(2)
Arkansas	13	4	17
California	788	1,776	2,564
Colorado	77	50	127
Connecticut	(1)	107	107
Delaware	(1)	16	16
District of Columbia	(1)	86	86
Florida	117	179	296
Georgia	(2)	(2)	(2)
Hawaii	(1)	(2)	(2)
Idaho	6	7	13
Illinois	753	[3] 378	1,131
Indiana	111	11	122
Iowa	14	35	49
Kansas	(1)	30	30
Kentucky	5	19	24
Louisiana	4	29	33
Maine	12	32	44
Maryland	81	157	238
Massachusetts	(1)	418	418
Michigan	3,703	40	3,743
Minnesota	20	124	144
Mississippi	2	30	32
Missouri	(1)	75	75
Montana	(1)	2	2
Nebraska	6	11	17
Nevada	44	12	56
New Hampshire	17	24	41
New Jersey	58	567	625
New Mexico	631	16	647
New York	7,453	111	7,564
North Carolina	(1)	36	36
North Dakota	5	6	11
Ohio	63	158	221
Oklahoma	6	24	30
Oregon	285	32	317
Pennsylvania	58	128	186
Rhode Island	18	36	54
South Carolina	(1)	16	16
South Dakota	2	2	4
Tennessee	(1)	50	50

See footnotes at end of table.

Table A2.—Licensed FNGs, by State, 1970–72—continued

State	By endorsement	By SBTPE	Total
Texas	78	505	583
Utah	13	18	31
Vermont	15	13	28
Virginia	203	235	438
Washington	(2)	111	111
West Virginia	(1)	(2)	(2)
Wisconsin	18	11	29
Wyoming	9	2	11
Total	14,732	5,753	20,485

[1] Not applicable.
[2] No record available.
[3] For 1972 only.
Source: SBN Questionnaire responses.

Table A3.—Endorsed FNGs, by States and cluster of countries of nursing education, 1970–72

State	All countries	Africa	Korea	Far East	S.E. Asia	Sub-continent	Mid-east	Australia, New Zealand	East Europe	West Europe	Americas	Philip-pines	British Isles	Unknown
Alabama	(1)													
Alaska	44		6			1		5		2	15	14	1	
Arizona	(2)													
Arkansas	13					1		3		2	5		2	
California	788	2	7	17	10	6	14	19	6	23	372	246	66	
Colorado	77										77			
Connecticut	(1)													
Delaware	(1)													
D.C.	(1)													
Florida	117				1			5		14	70	7	20	
Georgia	(2)													
Hawaii	(1)													
Idaho	6										6			
Illinois	[4] 753		28		141						27	238	20	299
Indiana	111		1		1			1		2	40	54	12	
Iowa	14								1		9	3	1	
Kansas	(1)													
Kentucky	[3] 5		1									2	2	
Louisiana	4										4			
Maine	12										11		1	
Maryland	81										81			
Massa-chusetts	(1)													

See footnotes at end of table.

Table A3.—Endorsed FNGs, by States and cluster of countries of nursing education, 1970–72—continued

State	All countries	Africa	Korea	Far East	S.E. Asia	Sub-continent	Mid-east	Australia, New Zealand	East Europe	West Europe	Americas	Philip-pines	British Isles	Unknown
Michigan	3,703	13	47	28	43	38	21	8	4	35	407	2,950	109	
Minnesota	20										17	2	1	
Mississippi	2										2			
Missouri	(1)													
Montana	(1)													
Nebraska	6			1							4	1		
Nevada	44		1	1		2				1	1	14	6	
New Hampshire	17										17			
New Jersey	58										58			
New Mexico	631		73	19	12	2	1	7		6	417	66	28	
New York	7,453	118	409	264	388	225	106	28	27	155	1,587	2,272	1,874	
North Carolina	(1)													
North Dakota	[5] 5		1				1				3			
Ohio	63										63			
Oklahoma	6										6			
Oregon	285										67	213		
Pennsylvania	58										58			
Rhode Island	18										18			
South Carolina	(1)													
South Dakota	[3] 2										2			

See footnotes at end of table.

Table A3.—Endorsed FNGs, by States and cluster of countries of nursing education, 1970–72—continued

State	All countries	Africa	Korea	Far East	S.E. Asia	Sub-conti-nent	Mid-east	Australia, New Zealand	East Europe	West Europe	Americas	Philip-pines	British Isles	Unknown
Tennessee	(1)													
Texas	78						1	2		4	70	1		
Utah	13							1		1	10		1	
Vermont	15										15			
Virginia	203										27	176		
Washington	(2)													
West Virginia	(1)													
Wisconsin	18										18			
Wyoming	9		1								6		2	
Total	14,732	133	575	330	596	275	144	79	38	245	3,608	6,264	2,146	299

[1] Not applicable.
[2] No record available.
[3] No endorsements reported for 1970.
[4] No endorsements reported for 1972.
[5] No endorsements reported for either 1970 or 1972.
Source: SBN Questionnaire responses.

69

Table A4.—Number of FNGs taking and percent passing SBTPE, by State, 1970–72

State	Number taking first SBTPE	Percent passing first SBTPE	Number repeating SBTPE	Percent of repeaters passing SBTPE
Alabama	24	16.7	13	46.2
Alaska	11	90.9	6	66.7
Arizona	(1)	(1)	(1)	(1)
Arkansas	[illegible]	75.0	1	100.0
California	2,498	23.2	3,848	31.1
Colorado	66	40.9	63	36.5
Connecticut	129	34.9	143	43.4
Delaware	28	35.7	6	100.0
District of Columbia	[2] 453	24.5	[2] 315	46.7
Florida	333	27.9	260	33.1
Georgia	(1)	(1)	(1)	(1)
Hawaii	(1)	(1)	(1)	(1)
Idaho	8	25.0	7	71.4
Illinois	[2] 3,474	19.4	[2] 459	20.0
Indiana	7	100.0	[3] 6	100.0
Iowa	58	32.8	47	34.0
Kansas	73	32.9	24	25.0
Kentucky	52	5.8	51	31.4
Louisiana	100	18.0	37	29.7
Maine	32	41.9	41	46.3
Maryland	264	24.2	233	29.9
Massachusetts	523	36.0	738	31.2
Michigan	106	34.9	15	20.0
Minnesota	188	24.5	283	27.6
Mississippi	39	53.8	35	25.7
Missouri	[4] 151	[2] 28.7	[4] 68	[2] 36.8
Montana	20	10.0	6	0.0
Nebraska	14	50.0	6	66.7
Nevada	24	25.0	13	46.2
New Hampshire	38	47.4	14	42.9
New Jersey	1,275	13.2	1,512	26.3
New Mexico	46	19.6	24	29.2
New York	725	12.0	167	14.4
North Carolina	66	28.8	70	24.3
North Dakota	9	44.4	2	100.0
Ohio	243	25.9	212	44.8
Oklahoma	59	22.0	26	42.3
Oregon	52	23.1	44	45.4
Pennsylvania	290	30.0	86	47.7
Rhode Island	39	12.8	83	36.0

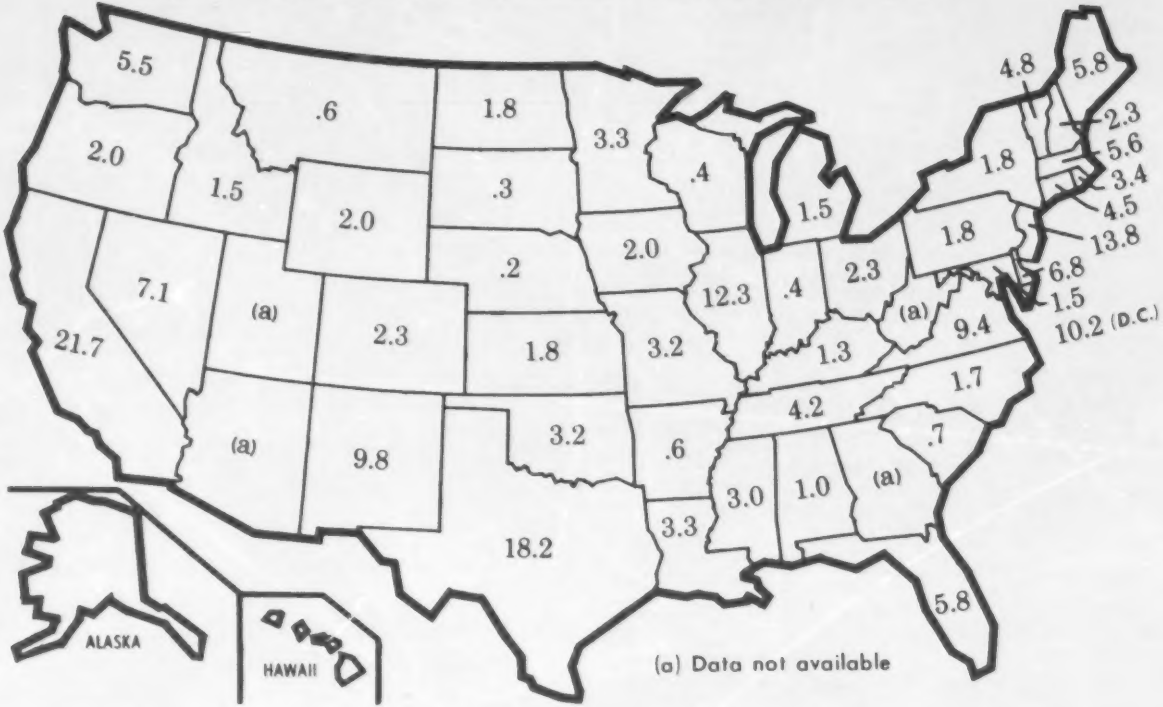
See footnotes at end of table.

Table A4.—Number of FNGs taking and percent passing SBTPE, by State, 1970–72—continued

State	Number taking first SBTPE	Percent passing first SBTPE	Number repeating SBTPE	Percent of repeaters passing SBTPE
South Carolina	29	37.9	6	83.3
South Dakota	2	100.0	0	0.0
Tennessee	109	31.2	53	30.2
Texas	1,137	[3] 17.9	1,106	[3] 24.7
Utah	20	55.0	10	70.0
Vermont	20	50.0	11	27.3
Virginia	332	36.1	192	59.9
Washington	155	45.2	101	40.6
West Virginia	(1)	(1)	(1)	(1)
Wisconsin	15	40.0	12	41.7
Wyoming	1	0.0	2	100.0
Overall	13,341	22.5	10,503	34.8

[1] No record available.
[2] Extrapolation from 1-yr. figure.
[3] Extrapolation from 2-yr. figures.
[4] Estimate based on 1-yr. figure and combined total for 2 years of first-time applicants and repeaters who took the SBTPE.
Source: SBN Questionnaire responses.

Figure A1.—Proportion of FNGs licensed by examination to 100 U.S.-educated RNs licensed, 1972



Sources: SBN Questionnaire Responses and Facts About Nursing 72-73, American Nurses' Association. Kansas City, 1974, page 48

Table A5.—FNGs obtaining temporary permits to practice nursing, by State and cluster of countries of nursing education, 1970–72

State	All countries	Africa	Korea	Far East	S.E. Asia	Sub-continent	Mid-east	Australia, New Zealand	East Europe	West Europe	Americas	Philip-pines	British Isles	Unknown
Alabama	163		2	4	6					2	1	148		
Alaska	68		6			1		7		6	24	16	8	
Arizona	(2)													
Arkansas	[5] 4										1	3		
California	(1)													
Colorado	(2)													
Connecticut	(1)													
Delaware	(1)													
District of Columbia		(1)												
Florida	(2)													
Georgia	[4] 58	1	5		1		1	2		8	26	3	11	
Hawaii	(1)													
Idaho	34						1	3		2	24	1	3	
Illinois	2,419	5	28	7	141	7	8	2	6	17	45	238	24	1,897
Indiana	(1)													
Iowa	(2)													
Kansas	(1)													
Kentucky	(2)													
Louisiana	100		2	5	3	1	2	1		4	13	54	15	
Maine	49		1			2				2	29	9	6	
Maryland	(1)													
Massa-chusetts	586	11	20	8	4	3	14	22	3	44	102	106	249	

See footnotes at end of table.

Table A5.—FNGs obtaining temporary permits to practice nursing, by State and cluster of countries of nursing education, 1970–72—continued

State	All countries	Africa	Korea	Far East	S.E. Asia	Sub-conti-nent	Mid-east	Australia, New Zealand	East Europe	West Europe	Americas	Philip-pines	British Isles	Unknown
Michigan	(2)													
Minnesota	(1)													
Mississippi	(2)													
Missouri	(2)													
Montana	20			2						3	8	6	1	
Nebraska	(1)													
Nevada	50		1	2	1	1		2		2	16	1	13	
New Hampshire	35							3		2	24		6	
New Jersey	2,271	4	18	6	4	35	5	2	4	9	28	482	143	1,531
New Mexico	651		74	19	13	3	1	7		8	423	71	32	
New York	(2)													
North Carolina	(1)													
North Dakota	(1)													
Ohio	(1)													
Oklahoma	(1)										2			
Oregon	[3] 2										2			
Pennsylvania	(1)													
Rhode Island	(2)													

Table A5.—FNGs obtaining temporary permits to practice nursing, by State and cluster of countries of nursing education, 1970–72—continued

State	All countries	Africa	Korea	Far East	S.E. Asia	Sub-continent	Mid-east	Australia, New Zealand	East Europe	West Europe	Americas	Philip-pines	British Isles	Unknown
South Carolina	(1)													
South Dakota	(1)													
Tennessee	(2)													
Texas	(2)													
Utah	23	3	2	1				1		4	6	1	5	
Vermont	21						2			1	8	2	8	
Virginia	110	1	5	4	3	3	1	1		4	5	31	2	
Washington	(1)													
West Virginia	(1)													
Wisconsin	(2)													
Wyoming	(1)													
Total	6,664	25	164	58	176	56	35	53	13	118	785	1,233	526	3,422

[1] Not applicable.
[2] No record available.
[3] No figures reported for 1970.
[4] No figures reported for 1972.
[5] No figures reported for 1970, 1972.

Table A6.—SBN requirements for FNGs, by State, 1970–72

State	Renewed permits to practice after failure of first SBTPE	Processed pre-immigration evaluations	Required citizenship for licensure	Required English proficiency exam for: Pre-immigration evaluation	Permit to practice	Licensure
Alabama	X		X			(1)
Alaska						
Arizona						
Arkansas		X		(2)		
California		X				
Colorado		X	X			
Connecticut		X				
Delaware			(3)			
District of Columbia						
Florida			X			
Georgia	X	X				
Hawaii		X				X
Idaho					X	X
Illinois			X			
Indiana			(3)			X
Iowa	X			X		
Kansas						
Kentucky						
Louisiana						

See footnotes at end of table.

Table A6.—SBN requirements for FNGs, by State, 1970–72—continued

State	Renewed permits to practice after failure of first SBTPE	Processed pre-immigration evaluations	Required citizenship for licensure	Required English proficiency exam for:		
				Pre-immigration evaluation	Permit to practice	Licensure
Maine						
Maryland						X
Massachusetts		X		(4)	(4)	
Michigan	X	X			X	X
Minnesota						
Mississippi			X	(1)		
Missouri		X		(1)	(1)	X
Montana						
Nebraska			X			
Nevada		X				
New Hampshire		X				
New Jersey		X			(4)	(4)
New Mexico		X		(2)	(2)	X
New York	X					
North Carolina						
North Dakota			(3)			
Ohio		X				
Oklahoma						

77

Table A6.—SBN requirements for FNGs, by State, 1970–72—continued

State	Renewed permits to practice after failure of first SBTPE	Processed pre-immigration evaluations	Required citizenship for licensure	Required English proficiency exam for: Pre-immigration evaluation	Permit to practice	Licensure
Oregon						X
Pennsylvania		X	(2)			
Rhode Island						
South Carolina			X			X
South Dakota			X			
Tennessee						
Texas					(3)	(3)
Utah		X			X	X
Vermont						
Virginia		X				
Washington						(3)
West Virginia			(3)			
Wisconsin	X		X			
Wyoming						

[1] Required in 1972.
[2] Required in 1970 and 1971.
[3] Required in 1970.
[4] Required in 1971 and 1972.
Source: SBN Questionnaire responses.

Table A7.—Weighting the sample

State	FNS active with the SNBs in the survey period				Weights [1]		
	Estimated from the initial sample		Estimated from the total sample			For SBTPE performance counts	
	Not yet taken	Total	Not yet taken	Total	For most tables	Licensure	Pending
California	2,161	4,839	2,988	5,666	10.00	9.776	12.000
Illinois	1,586	4,185	1,668	4,267	3.29	3.359	3.496
Louisiana	190	507	189	506	2.45	2.458	2.457
Massachusetts	67	566	63	562	2.75	2.867	2.734
Michigan	1,406	1,950	2,706	3,250	17.26	17.143	30.400
New Jersey	631	2,601	678	2,648	7.01	7.088	7.217
New York	7,131	11,234	10,211	14,314	20.43	55.677	21.609(33)
Texas	1,499	3,007	1,507	3,015	8.11	5.446	5.441
Total	14,671	28,889	20,010	34,228			

[1] The weights used for most tables were determined using the number of FNGs active with the SBNs in the survey period estimated from the initial sample and an early estimate of the number of samples for each State. It was determined that these were not sufficiently accurate for estimates involving SBTPE performance because of the apparent sampling irregularities discussed in footnote, table A10. The two different weights for the Pending file in New York arise from the problems discussed in footnote, table A9.; the weight in parenthesis was applied to samples of FNGs who have not yet taken the SBTPE, while the other number was applied to samples of FNGs who failed.

Table A8.—Weighting the sample

State	Number of FNGs on the exam list			Initial sample from the Pending File		
	Passed	Failed	Total	Failed	Not yet taken	Total
California	1,310	1,368	2,678	77	122	199
Illinois	1,330	1,269	2,599	220	276	496
Louisiana	145	172	317	48	53	101
Massachusetts	324	175	499	55	21	76
Michigan	240	304	544	8	37	45
New Jersey	1,205	765	1,970	80	66	146
New York	1,726	2,377	4,103	44	131	175
Texas	953	555	1,508	60	162	222
Total	7,233	6,985	14,218	592	868	1,460

Table A9.—Weighting the sample

State	Proportionate determination of number of samples			Actual number of samples taken [1]				
	Licensure	Pending	Total	Licensure	Failed	Not yet taken	Pending	Total
California	135	363	498	134	114	249	363	497
Illinois	395	846	1,241	396	363	477	840	1,236
Louisiana	59	147	206	59	70	77	147	206
Massachusetts	108	81	189	113	64	23	87	200
Michigan	14	99	113	14	10	88	99	113
New Jersey	169	195	364	170	106	94	200	370
New York	67	370	437	31	110	305	376	446
Texas	176	378	554	175	102	277	379	554
Total	1,123	2,479	3,602	1,092	939	1,590	2,490	3,621

[1] The total number of samples from the *Pending* file in New York is 39 fewer than the sum of *Failures* plus *Not Yet Takens*, as these 39 were improperly selected from the lists of FNGs having taken the SBTPE.

Table A10.—Weighting the sample

State	Remaining sample from the pending file			Percent of pending who took the SBTPE		Chi-square [1]	Significance level [2]
	Failed	Not Yet taken	Total	Initial sample	Remaining sample		
California	37	127	164	38.7	22.6	10.862	<.0015
Illinois	143	201	344	44.4	41.6	0.642	.421
Louisiana	22	24	46	47.5	47.8	.001	.99
Massachusetts	9	2	11	72.4	81.8	.441	.507
Michigan	2	51	53	17.8	3.8	5.209	.0226
New Jersey	26	28	54	54.8	38.1	0.699	.403
New York	27	147	201	25.1	13.4	8.375	.00382
Texas	42	115	157	27.0	26.8	.004	.99
Total	308	722	1,030	40.5	32.5	—	—

[1] The chi-squares—California, Michigan and New York—are quite significant, indicating that unexplained nonrandom influences probably disturbed the random sampling process. The near-zero chi-squares in Louisiana and Texas suggest that the sampler forced agreement upon the sample.

[2] The significance level is the probability of obtaining by chance a chi-square value as large as the one calculated.

Table A11.—Clustering of countries of nursing education with number of samples

AFRICA—50
- Egypt—1
- Ethiopia—3
- Ghana—3
- Kenya—3
- Liberia—10
- Mauritonia & Dependents—1
- Nigeria—20
- South Africa—9

KOREA—338

FAR EAST—101
- Hong Kong—24
- Japan—8
- Peoples Republic of China—11
- Singapore—3
- Taiwan—55

S.E. ASIA—226
- Burma—1
- Malaysia—6
- Thailand—219

SUBCONTINENT—324
- India—319
- Pakistan—5

AUSTRALIA—NEW ZEALAND—56
- Australia—45
- New Zealand—11

PHILIPPINES—1,918

BRITISH ISLES—397
- England—310
- Ireland—57
- Northern Ireland—2
- Scotland—21
- Wales—7

EASTERN EUROPE—36
- Bulgaria—2
- Czechoslovakia—4
- Estonia—1
- Hungary—3
- Lithuania—1
- Poland—12
- Romania—1
- U.S.S.R.—2
- Yugoslavia—10

WESTERN EUROPE—81
- Austria—2
- Belgium—2
- Denmark—4

AMERICAS—349
- Bahamas—1
- Barbados—6
- British Honduras—4
- Canada—98
- Costa Rica—4
- Cuba—24
- El Salvador—1
- Guatemala—4
- Haiti—27
- Honduras—2
- Jamaica—36
- Leeward Islands—2
- Mexico—23
- Nicaragua—3
- Panama—4
- Puerto Rico—18
- Trinadad & Tobago—13
- Windward Islands—4
- Argentina—13
- Bolivia—3
- Brazil—6
- Chile—6
- Columbia—11
- Ecuador—6
- Guyana—22
- Peru—6
- Uruguay—1

Table A11.—Clustering of countries of nursing education with number of samples—continued

MIDDLE EAST ASIA—51
- Cyprus—1
- Iran—21
- Iraq—2
- Israel—10
- Jordan—5
- Lebanon—9
- Syria—1
- Turkey—2

- France—8
- Germany—20
- Greece—8
- Italy—1
- Netherlands—12
- Norway—8
- Spain—5
- Sweden—8
- Switzerland—3

- Venezuela—1

UNKNOWN—4

Figure A2.—Cluster of countries by geographic area

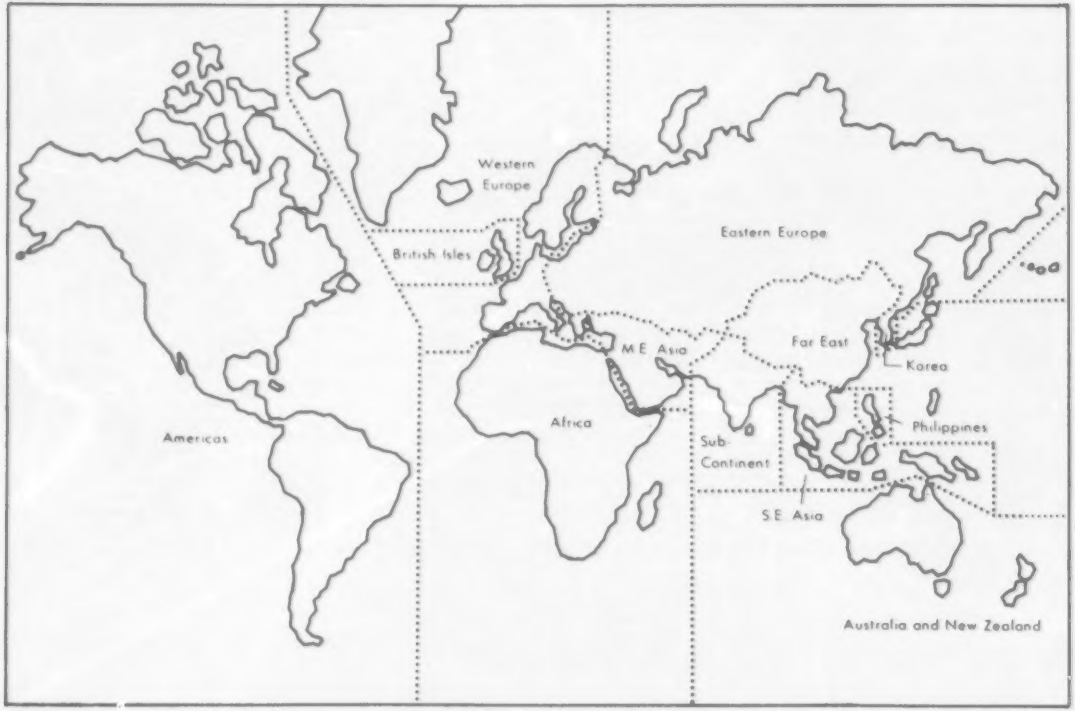


Table A12.—Number of FNGs active with the SBNs, by cluster of countries and by State [1]

Cluster of countries	CA	IL	LA	MA	MI	NJ	NY	TX	Total	Percent
Africa	40	36	0	17	0	14	184	105	396	1.4
Korea	510	497	12	33	190	147	797	300	2,486	8.8
Far East	210	99	10	17	17	35	368	89	844	3.0
Southeast Asia	350	425	20	8	86	63	449	65	1,466	5.2
Subcontinent	150	293	12	11	138	77	1,859	616	3,156	11.2
Middle East Asia	100	53	0	17	35	21	123	57	404	1.4
Australia, New Zealand	80	20	0	8	0	7	123	251	489	1.7
Philippines	2,230	2,167	387	129	1,294	1,556	2,798	1,670	12,231	43.3
British Isles	420	184	24	182	69	252	1,226	802	3,160	11.2
Eastern Europe	10	69	2	0	0	28	123	16	248	.9
Western Europe	240	63	12	19	0	49	123	81	577	2.0
Americas	610	175	24	107	138	344	919	438	2,755	9.7
Unknown	20	0	0	3	0	0	20	0	43	.2
Total	4,969	4,070	505	550	1,967	2,594	9,110	4,490	28,255	100.0
Percent	17.6	14.4	1.8	1.9	7.0	9.2	32.2	15.9		

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974, by country of nursing education.

Table A13.—Age distribution, by cluster of countries [1]

Cluster of countries	Average age	Number of FNGs per age range									Total	
		20–24	25–29	30–34	35–39	40–44	45–49	40–54	55–59	Unknown		
Africa	29.7	35	162	117	73	0	0	0	0	0	396	1.4
Korea	28.9	435	1,235	507	172	50	17	34	20	16	2,486	8.8
Far East	31.0	110	336	136	132	99	10	20	0	0	844	3.0
S.E. Asia	30.3	103	641	435	162	59	18	10	0	37	1,466	5.2
Subcontinent	30.3	319	1,387	820	363	175	25	11	7	49	3,156	11.2
Middle East Asia	30.5	50	140	148	20	33	13	0	0	0	404	1.4
Australia, and New Zealand	28.5	100	207	82	35	10	10	0	0	45	489	1.7
Philippines	27.7	3,649	5,301	1,961	595	269	190	48	55	157	12,224	43.3
British Isles	30.5	536	1,177	684	400	117	109	55	18	65	3,160	11.2
Eastern Europe	31.6	51	47	54	60	15	10	3	0	8	248	.9
Western Europe	30.6	87	203	180	33	20	47	0	0		577	2.0
Americas	33.8	311	820	448	407	367	180	72	87	63	2,755	9.8
Unknown	36.4	10	0	0	13	20	0	0	0	0	43	.2
Total	...	5,796	11,658	5,571	2,463	1,235	628	254	185	456	28,248	
Percent	29.4	20.5	41.3	19.7	8.7	4.4	2.2	.9	.9	1.6	100.0	

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974, by country of nursing education.

Table A14.—Percent of FNGs who are female, by cluster of countries [1]

Cluster of countries	Percent female
Africa	65.1
Korea	99.6
Far East	99.0
Southeast Asia	98.3
Subcontinent	96.1
Middle East Asia	99.2
Australia and New Zealand	90.8
Philippines	97.9
British Isles	93.8
Eastern Europe	100.0
Western Europe	97.4
Americas	94.7
Unknown	100.0
Overall	96.5

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974, by country of nursing education.

Table A15.—Marital status of FNGs, by cluster of countries [1]

Cluster of countries	Single	Married	Divorced, separated, widowed	Unknown	Total	Percent
Africa	142	171	0	7	396	1.4
Korea	838	13,339	6	302	2,486	8.8
Far East	280	421	0	143	844	3.0
Southeast Asia	897	454	0	115	1,466	5.2
Subcontinent	1,177	1,385	3	586	3,156	11.2
Middle East Asia	152	198	0	54	404	1.4
Australia and New Zealand	271	129	0	88	489	1.7
Philippines	6,473	4,409	21	1,327	12,231	43.3
British Isles	1,512	1,104	6	538	3,160	11.2
Eastern Europe	43	144	20	41	248	.9
Western Europe	165	356	0	6	577	2.0
Americas	860	1,561	6	328	2,755	9.7
Unknown	13	30	0	0	43	.2
Total	12,823	11,703	68	3,661	28,255	100.0
Percent	45.4	41.4	.3	13.0		

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974, by country of nursing education.

Table A16.—Year of graduation of FNGs, by cluster of countries [1]

Cluster of countries	Prior to 1950	1950–54	1955–59	1960–64	1965–69	1970+	Unknown	Total	Percent
Africa	0	0	43	98	149	106	0	396	1.4
Korea	54	90	216	529	907	670	20	2,486	8.8
Far East	39	71	101	200	250	166	17	844	3.0
Southeast Asia	45	60	190	275	638	259	0	1,466	5.2
Subcontinent	51	73	232	587	1,501	692	20	3,156	11.2
Middle East Asia	14	57	45	98	148	43	0	404	1.4
Australia and New Zealand	0	10	29	95	225	130	0	489	1.7
Philippines	242	287	641	1,827	5,167	4,018	49	12,231	43.3
British Isles	82	122	202	582	1,143	999	30	3,160	11.2
Eastern Europe	25	17	44	81	75	7	0	248	.9
Western Europe	16	60	45	80	232	144	0	577	2.0
Americas	309	308	514	423	656	524	20	2,755	9.7
Unknown	0	0	13	0	0	10	20	43	.2
Total	876	1,155	2,314	4,875	11,088	7,768	178	28,255	100.0
Percent	3.1	4.1	8.2	17.3	39.2	27.5	.6		

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974, by country of nursing education.

Table A17.—Type of nursing education of FNGs, by cluster of countries [1]

Cluster of countries	Diploma	Associate	Bachelor's degree	Other	Total	Percent
Africa	357	0	39	0	396	1.4
Korea	2,028	13	445	0	2,486	8.9
Far East	723	25	96	0	844	3.0
Southeast Asia	1,366	0	87	3	1,456	5.2
Subcontinent	2,989	0	113	20	3,122	11.2
Middle East Asia	372	0	32	0	404	1.4
Australia and New Zealand	473	0	8	8	489	1.7
Philippines	7,959	7	4,047	7	12,020	43.0
British Isles	3,064	42	20	24	3,150	11.3
Eastern Europe	248	0	0	0	248	.9
Western Europe	562	0	5	0	567	2.0
Americas	2,580	13	154	8	2,755	9.9
Unknown	13	0	10	0	23	.3
Total	22,734	99	5,056	71	27,959	100.0
Percent	81.3	.4	18.1	.3		

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974, by country of nursing education.

Table A18.—Nursing experience of FNGs, by cluster of countries

Cluster of countries	Average years nursing experience	Number of FNGs with indicated years nursing experience prior to immigration [1]								
		0	1–2	3–4	5–7	8–12	13–20	21 or more	Total	Percent
Africa	6.39	0	99	22	109	115	43	0	388	1.4
Korea	6.83	17	555	569	425	510	300	73	2,449	8.8
Far East	8.89	20	123	168	128	171	153	61	827	3.0
Southeast Asia	7.42	0	234	382	311	272	207	61	1,466	5.2
Subcontinent	7.12	20	351	727	923	722	298	74	3,128	11.2
Middle East Asia	8.37	3	51	21	145	120	52	10	404	1.4
Australia and New Zealand	6.25	0	108	87	130	102	29	10	465	1.7
Philippines	5.68	198	3,250	3,371	2,547	1,756	721	329	12,174	43.6
British Isles	6.11	103	858	814	395	578	252	114	3,113	11.1
Eastern Europe	10.82	0	6	37	65	44	69	18	240	.9
Western Europe	7.17	30	98	110	126	112	68	26	569	2.0
Americas	10.03	71	467	471	342	401	575	378	2,703	9.7
Unknown	10.36	0	10	0	0	0	13	0	23	.1
Total	6.73	464	6,219	6,780	5,646	4,901	2,779	1,160	27,948	100.0
Percent	...	1.7	22.2	24.3	20.2	17.6	9.9	4.1		

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974, by country of nursing education.

Table A19.—Percent of FNGs with educational deficiencies, by cluster of countries [1]

Cluster of countries	Medical	Surgical	Obstetrics	Psychiatry	Pediatrics	Secondary education	English
Africa	12.4	12.4	8.2	53.3	12.4	17.3	13.3
Korea	0	0	.4	7.5	.2	12.2	30.4
Far East	0	0	3.3	36.9	8.5	31.2	39.2
Southeast Asia	0	0	1.1	5.9	0	34.3	15.6
Subcontinent	6.4	6.4	2.8	55.7	2.1	55.6	10.9
Middle East Asia	20.0	20.0	19.3	25.3	22.6	45.3	37.2
Australia and New Zealand	0	0	40.9	61.0	4.9	32.3	0
Philippines	.3	.3	0	6.9	0	2.8	26.1
British Isles	6.4	6.4	22.9	54.4	6.3	40.8	0
Eastern Europe	16.1	19.4	19.2	34.5	16.1	45.1	35.1
Western Europe	0	0	4.4	32.1	5.6	30.0	17.2
Americas	8.2	8.2	11.3	24.1	7.0	38.6	15.7
Unknown	0	0	0	0	0	0	0
Overall	2.6	2.6	5.2	19.0	2.6	17.2	20.3

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974, by country of nursing education.

Table A20.—Chi-square analysis of the observed relationships between a deficiency in obstetrics and SBTPE performance [1]

Deficiency in obstetrics	Number of FNGs sampled by SBTPE performance			Percent passed
	Passed	Failed	Total	
No	864	708	1,572	55.0
Yes	18	12	30	60.0
Total	882	720	1,602	55.1

Chi-square = 0.302 Degrees of freedom = 1 Significance level [2] = .583

[1] Table reflects raw numbers of samples (unweighted) in California, Illinois, Louisiana, Massachusetts, Michigan, and New Jersey.

[2] Significance level is the probability of obtaining by chance a chi-square value as large as the one calculated. This analysis indicates that there is no relationship between a recorded deficiency in obstetric nursing and SBTPE performance.

Table A21.—Chi-square analysis of the observed relationships between a deficiency in psychiatry and SBTPE performance

Deficiency in psychiatry	Number of FNGs sampled by SBTPE performance			Percent passed
	Passed	Failed	Total	
No	767	645	1,412	54.3
Yes	116	74	190	61.1
Total	883	719	1,602	55.1

Chi-square = 3.068 Degrees of freedom = 1 Significance level [2] = .0797

[1] Table reflects raw numbers of samples (unweighted) in California, Illinois, Louisiana, Massachusetts, Michigan, and New Jersey.

[2] Significance level is the probability of obtaining by choice a chi-square value as large as the one calculated.

Table A22.—Chi-square analysis of the observed relationships between secondary education and SBTPE performance [1]

Secondary education deficiency	Number of FNGs sampled by SBTPE performance			Percent Passed
	Passed	Failed	Total	
No	681	520	1,201	56.7
Yes	67	85	152	44.1
Total	748	605	1,353	55.3
Chi-square = 8.70 Degree of freedom = 1 Significance level [2] = .0032				

[1] Table reflects raw number of samples (unweighted) in Illinois, Louisiana, Massachusetts, Michigan, and New Jersey.
[2] Significance level is the probability of obtaining by chance a chi-square value as large as the one calculated.
A deficiency in secondary education appears to significantly decrease an FNG's chances of passing the SBTPE.

Table A23.—Chi-square analysis of the observed relationship between an English deficiency and SBTPE performance [1]

English deficiency	Number of FNGs sampled by SBTPE performance			Percent passed
	Passed	Failed	Total	
No	578	559	1,137	50.8
Yes	151	49	200	75.5
Total	729	608	1,337	54.5
Chi-square = 41.73 Degree of freedom = 1 Significance level [2] = <.0006				

[1] Table reflects raw number of samples (unweighted) in Illinois, Louisiana, Massachusetts, Michigan, and New Jersey.
[2] Significance level is the probability of obtaining by choice a chi-square value as large as the one calculated.
An English deficiency appears to significantly increase an FNG's chances of passing the SBTPE.

Table A24.—Percent of FNGs achieving licensure after multiple takings of the SBTPE, assuming 20 percent of failures drop out

Number of times taking the SBTPE	Percent of FNG applicants entering	Percent passing		Percent of applicants failing	Percent dropouts		Cumulative percent of Applicants		Percent of non-dropout applicants passing
		Of entries	Of applicants		Of failures	Of applicants	Passing	Dropping Out	
1	100	20	20	80	20	16	20	16	23.8
2	64	29	18.56	45.44	20	9.09	38.56	25.09	51.5
3	36.35	29	10.54	25.81	20	5.16	49.10	30.25	70.4
4	20.65	29	5.99	14.66	20	2.93	55.09	33.18	83.2
5	11.73								

Table A25.—The impact of age on pass rate, by State [1]

State	Average age		Chi-square of pass rate versus age [2]	Degrees of freedom	Significance level [3]
	Of licensed FNGs	Of failures			
California	28.8	30.1	7.54	8	.48
Illinois	28.5	29.8	10.92	7	.14
Louisiana	26.7	27.6	4.69	6	.58
Massachusetts	31.3	33.4	10.98	7	.14
Michigan	27.9	30.9	7.26	4	.12
New Jersey	27.7	29.4	12.36	7	.09
New York	26.9	29.7	8.93	6	.18
Texas	29.1	31.1	17.13	8	.03
Overall	28.2	30.0	36.21	8	[4] <.01

[1] Numbers taken from a survey of FNGs active with the SBA in the eight selected States between July 1972 and February 1974.

[2] The chi-squares were computed from the (unweighted) tables of number of samples who passed and who failed the SBTPE versus the age categories 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55 +, and age unknown. The degrees of freedom for the chi-squares is one less than the number of age categories sampled in that State.

[3] The significance level is the probability of obtaining by chance a value of chi-square as large or larger than that calculated.

[4] Although the chi-square comparing pass-fail with age for all samples is highly significant, the fact that quite the opposite is observed when the samples are partitioned by State suggests that this effect may be created by a moderate tendency of FNGs in different age groups to go to different States. In other words, the effect of age on the pass rate is confounded with the effect of the State.

Table A26.—Pass rate, by cluster of countries

Cluster of countries of basic nursing education	Number of samples			Weighted estimate of the pass rate
	Pass	Fail	Total	
Africa	9	11	20	21.9
Korea	100	82	182	64.1
Far East	13	27	40	39.9
Southeast Asia	62	66	128	43.9
Subcontinent	34	64	98	31.0
Middle East Asia	7	16	23	22.0
Australia and New Zealand	17	6	23	71.0
Philippines	658	440	1,098	60.0
British Isles	111	71	182	45.6
Eastern Europe	3	8	11	16.0
Western Europe	18	27	45	43.5
Americas	59	120	179	24.1
Unknown	1	1	2	19.3
Total	1,092	939	2,031	50.9

Chi-square = 90.90 Degrees of freedom = 12 Significance level <.002

[1] Percent of FNGs taking the SBTPE between July 1972 and February 1974.

[2] The significance level is the probability of obtaining by chance a value of chi-square as high or higher than that observed. This chi-square is significant. When this analysis was conducted by State, significant chi-squares were also noted.

Table A27.—Pass rate versus English as the native language [1]

Official language of the country of basic nursing education	Number of samples			Weighted estimate of the pass rate
	Pass	Fail	Total	
English	166	122	278	45.0
Other	926	827	1,753	51.7
Total	1,092	939	2,031	50.9

Chi-square = 4.31 Degrees of freedom = 1 Significance level [3] = .038

[1] Percent of FNGs taking the SBTPE between July 1972 and February 1974.

[2] Countries with English as the native language include Australia, Bermuda, British Honduras, British Isles, British West Indies, Canada, New Zealand, and the Union of South Africa.

[3] The significance level is the probability of obtaining by chance a value of chi-square as large or larger than that observed.

Table A28.—Pass rate versus English as the alternative language excluding the Philippines [1]

Official language of the country of basic nursing education	Number of samples			Weighted estimate of the pass rate
	Pass	Fail	Total	
English [2]	166	112	278	45.0
Other	268	387	655	41.8
Total	434	499	933	42.6

Chi-square = 27.72 [3] Degrees of freedom = 1 Significance level [4] <.001

[1] Percent of FNGs taking the SBTPE between July 1972 and February 1974.

[2] Countries with English as the native language include Australia, Bermuda, British Honduras, British Isles, British West Indies, Canada, New Zealand, and the Union of South Africa.

[3] This chi-square is highly significant; significant chi-squares were also obtained when this analysis was done by State.

[4] The significance level is the probability of obtaining by chance a value of chi-square as large or larger than that observed.

Table A 9.—Percent of FNGs failing the SBTPE who failed the indicated subject area

Cluster of countries	Percent passing SBTPE	Percent of FNGs failing the SBTPE by area failed				
		Medical	Surgical	Obstetrics	Psychiatry	Pediatrics
Africa	21.9	79.2	75.1	70.0	83.4	95.8
Korea	64.1	51.5	51.9	37.2	94.2	38.1
Far East	39.9	67.5	71.0	54.8	99.0	63.9
Southeast Asia	43.9	55.1	48.2	36.2	86.2	41.3
Subcontinent	31.0	48.6	71.2	40.5	95.0	54.4
Middle East Asia	22.0	53.5	80.8	81.5	100.0	67.0
Australia and New Zealand	71.0	51.5	42.9	51.5	91.4	42.9
Philippines	60.0	45.2	52.8	36.4	87.8	52.5
British Isles	45.6	46.1	65.1	32.7	81.8	49.9
Eastern Europe	16.0	100.0	66.2	91.5	100.0	100.0
Western Europe	43.5	86.9	70.6	79.8	91.3	64.9
Americas	24.1	74.5	78.4	61.7	92.7	80.3
Unknown	19.3	0	0	0	100.0	0
Overall	50.9	54.2	61.0	44.0	90.0	56.3

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974, by country of nursing education.

Table A31.—Years between milestones in the licensure process for FNGs, by State [1]

State	Average number of years for application to:			
	Approval of application	First writing of SBTPE	Last writing of SBTPE (if unlicensed)	Licensure
California	.23	.83	1.55	1.57
Illinois	.90	1.49	2.15	2.15
Louisiana	.21	.60	.85	1.08
Massachusetts	.13	.42	1.72	1.38
Michigan	.66	.96	1.56	1.21
New Jersey	.62	.99	1.90	1.93
New York	.70	1.37	1.79	1.81
Texas	.20	.62	1.67	1.29
Overall	.53	1.04	1.78	1.68

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974.

Table A32.—Years between milestones in the licensure process for FNGs, by State [1]

State	Average number of years from approval of application to:		
	First writing of SBTPE	Last writing of SBTPE (if unlicensed)	Licensure
California	.50	1.31	[2] 1.16
Illinois	.49	1.08	1.19
Louisiana	.39	.75	.76
Massachusetts	.29	1.59	1.26
Michigan	.16	.56	.64
New Jersey	.36	1.30	1.31
New York	.60	.97	1.19
Texas	.36	1.38	1.03
Overall	.45	1.14	1.14

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974.
[2] Estimated as time from approval to first writing, plus time from first writing to licensure, since data was not available.

Table A33.—Years between milestones in the licensure process for FNGs, by State [1]

State	Average number of years from first writing of SBTPE to: Last writing of SBTPE (if unlicensed)	Licensure	Percent of FNGs taking the SBTPE but not yet passing, who have taken it only once	Percent of FNGs licensed taking the SBTPE only once
California	.81	.66	39.5	39.6
Illinois	.57	.74	42.4	27.7
Louisiana	.37	.36	44.3	22.0
Massachusetts	1.34	.94	32.8	40.7
Michigan	.56	.36	58.3	64.3
New Jersey	.73	1.04	49.1	37.9
New York	.37	.61	62.0	54.3
Texas	.93	.75	41.6	19.9
Overall	.62	.76	43.9	32.5

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974.

Table A34.—Difference between the time required for licensure, by endorsement and by State [1]

State	Licensure by endorsement: Average Number of years	Variance	Sample size	Licensure by SBTPE: Average number of years	Variance	Sample size
Michigan [2]	.447	.319	199	1.214	.491	14
New York [3]	3.315	4.012	108	1.806	.896	31

[1] Based upon endorsement samples taken in Michigan and New York.

[2] Assuming equal variance, the T-test for difference between two means in Michigan is T = 4.67 with 12 degrees of freedom which with a significance level [4] of .001 is highly significant.

[3] The variances in New York are not equal, yielding F = 4.63 which with a significance level [4] less than .005 is highly significant.

[4] The significance level is the probability of obtaining by chance a value for T or F as large or larger than that computed.

Table A30.—Length of time for FNGs to receive temporary permit to practice [1]

State	Average number of years	Permit approved same year as application	Number of years after application that permit was approved				Total	Percent
			1	2	3	4 or more		
California [2]	—	—	—	—	—	—	—	—
Illinois	.83	622	438	86	30	65	1,241	13.0
Louisiana	.50	140	135	2	0	0	277	2.9
Massachusetts	.02	295	6	0	0	0	301	3.1
Michigan	.64	173	173	35	0	0	381	4.0
New Jersey	.30	1,634	301	49	28	28	2,040	21.4
New York	.74	1,573	1,471	286	61	60	3,451	36.2
Texas	46	1,143	575	89	16	8	1,831	19.2
Total	.57	5,580	3,099	547	135	161	9,522	100
Percent	—	58.6	32.5	5.7	1.4	1.6	—	—

[1] Estimated number of FNGs active with the SBNs in the eight selected States from July 1972 to February 1974.
[2] California does not issue temporary permits to practice.

APPENDIX B

PROPOSED METHODS FOR COMPILING AND RETRIEVING UNIFORM LICENSURE DATA ABOUT FOREIGN NURSE GRADUATES

Prepared by ANA Statistics Department August 23, 1974

The need to learn more about the numbers of foreign nurse graduates applying for licensure and their performances on the State Board Test Pool Examinations has prompted the Division of Nursing to contract with the American Nurses' Association to study and recommend methods of record-keeping and data collection performed by State Boards of Nursing so that this valuable information can be routinely reported. A major obstacle in the design of such a uniform record-keeping system arises from the disproportionate number of foreign nurse graduates applying for licensure in the various States. Hence, some Boards of N ursing could not possibly maintain separate records of FNG applicants using manual methods; others do not have a sufficient volume of FNGs to justify the cost of developing a data processing system, or even modifying an existent one. Certainly, any standardized record-keeping system must take these factors into consideration.

The key to a successful record-keeping system, manual or automated, about foreign nurse graduates is retrievability. To attain this end, a separate file about FNG applicants needs to be established and maintained. A manual record-keeping system may require a separate drawer or file cabinet for storage of pending FNG applications. In an automated system, a separate tape file might be created. Some States may choose to record all necessary information about both domestic and foreign nurse graduates in a single computer file. An additional code, indicating whether or not the applicant had been trained in the United States, could be used for selection purposes to retrieve and summarize the data about foreign-trained nurses via computer. Any similar selection and summarization procedure performed manually would be cumbersome at best, and perhaps phsyically impossible due to a high volume of applicants and shortage of staff time. Thus, a separate file is required for a manual record-keeping system. Two sections follow this narrative. One is the recommended set of information, which is to be compiled about each foreign nurse graduate from the time she applies for licensure until she has been licensed or until such time as the application is considered inactive and may be purged from the file of pending applications. Included is a recommended procedure to follow in recording, storing, and retrieving the FNG data. The last section briefly explains how existing computerized record-keeping systems could be modified to provide the necessary information about foreign nurse graduates.

It is not essential to the retrieval of uniform information about foreign-trained nurse graduates that all State Boards of Nursing follow the same record-keeping procedures. It is essential, however, that the data which are collected be comparable so that national statistics can be determined. Unless identical information is obtained from each Board of Nursing, one would encounter great difficulty in developing reliable information on foreign nurse graduates across the United States.

Data Items to be Collected

Most of the background information about foreign nurse graduates can be obtained at the time the application for licensure is made. The rest of the information, including performance on the SBTPE, will be added to the applicant's record as it becomes available. A flowchart describing the recording of FNG data between the time application for licensure is made and the candidate passes the SBTPE appears in figure B1.

I. Application is received

As soon as an application from a foreign nurse graduate is received by the Board of Nursing, a special record should be created and placed in a separate file of FNG applicants. This card file will be supplemental to existing files now being maintained by the Boards of Nursing. The data included in each card record should reflect the educational and professional background of the FNG, her general characteristics, and her previous SBTPE experience, if any, in other States. A recommended set of questions to be asked on the application for licensure is given in Exhibit A (see below).

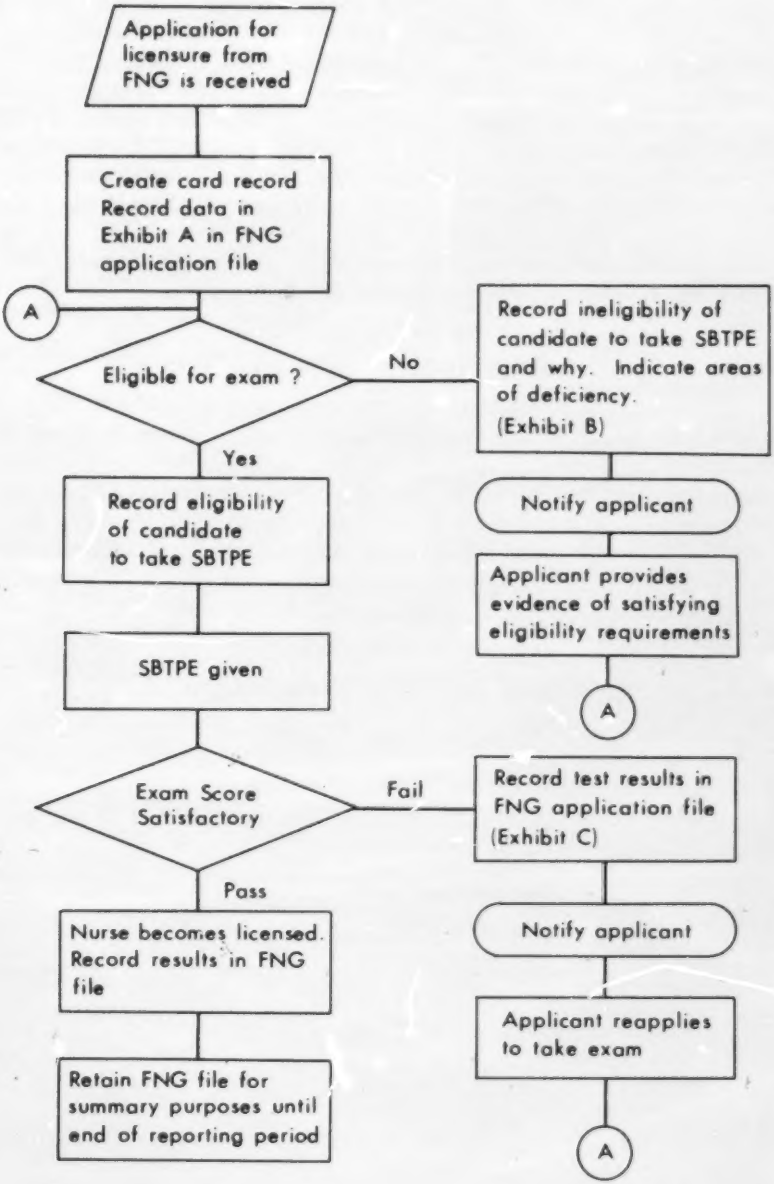
II. Application Reviewed for State Board Test Pool Examination Eligibility

At the time the foreign nurse graduate's application is reviewed to determine the individual's eligibility to take the SBTPE, the special file created at the time application was made should be updated to indicate the outcome of the review. The information outlined in Exhibit B (see below) would be added to the applicant's file.

III. Applicant Writes State Board Test Pool Examination

Another update to the applicant's file will be made when the results of the SBTPE are known. (See exhibit C.) If the applicant did not pass the examination, the information relating to the candidate's performance on each of the practice areas is recorded. The data are to be provided each time the candidate takes the examination. Even if the applicant is scheduled for the examination but does not actually appear, an entry should be made in her file. If the candidate passes the SBTPE, an entry is made in the file, and date of licensure is recorded. Files for FNGs passing

Figure B1.—Recording of FNG data from application for licensure to passing the SBTPE


Application for licensure from FNG is received
Create card record Record data in Exhibit A in FNG application file
A
Eligible for exam ?
No
Record ineligibility of candidate to take SBTPE and why. Indicate areas of deficiency. (Exhibit B)
Yes
Record eligibility of candidate to take SBTPE
Notify applicant
Applicant provides evidence of satisfying eligibility requirements
SBTPE given
A
Exam Score Satisfactory
Fail
Record test results in FNG application file (Exhibit C)
Pass
Nurse becomes licensed. Record results in FNG file
Notify applicant
Applicant reapplies to take exam
Retain FNG file for summary purposes until end of reporting period
A

the examination are complete. However, they need to be retained at least until the end of the calendar year so the data can be summarized.

The data supplied by the questions will provide some insight into personal characteristics and professional preparation of FNGs applying for licensure in the United States. If each State Board of Nursing maintained records containing the data listed in the three exhibits, a wealth of previously unavailable information concerning foreign nurse graduates would be readily accessible. A summary of the data collected in the special foreign nurse graduate file will be made periodically, probably at the end of each calendar year. Then it would be possible to measure the actual number of FNGs applying for licensure each year, the number who pass the examination, the number who fail, the number of repeaters, the kinds of deficiencies in their education, and similar questions. Studies could then also be made to determine if the performances of FNGs on the SBTPE vary significantly from State to State.

Using Computer Files for FNGs

In several States, the number of foreign nurse graduates applying for licensure is so large that a manual record-keeping system would not be feasible. A separate tape file (or any other computer readable file) could easily be generated. As in the manual system, records would be keyed and added to the file when applications are received. Updates to these records would be made when examinations have been administered. Retrieval and summarization of data in a computer file can be processed in a single program step.

EXHIBIT A

DATA TO BE COLLECTED AT TIME OF APPLICATION FOR LICENSURE

NAME_____ SEX: 1. Male 2. Female

ADDRESS_____ BIRTH YEAR: _____

SOCIAL SECURITY NUMBER _____ COUNTRY OF BIRTH:_____

DATE OF APPLICATION_____ MARITAL STATUS: 1. Single__ 2. Married__
3. Widowed__ 4. Divorced/Separated __

FNG IDENTIFICATION_____

HAS APPLICANT BEEN CERTIFIED FOR TEMPORARY EMPLOYMENT? _____

DATE, IF APPLICABLE_____

HAS APPLICANT BEEN ISSUED A WORK PERMIT FOR TEMPORARY EMPLOYMENT? _____

DATE, IF APPLICABLE_____ IMMIGRATION STATUS: _____

BASIC NURSING EDUCATIONAL PREPARATION:
1. Diploma
2. Associate Degree
3. Baccalaureate or Higher Degree
4. Other (Specify)_____

DATE OF ENTRY INTO THE UNITED STATES: _____

COUNTRY OF BASIC NURSING PREPARATION _____

YEAR OF GRADUATION FROM BASIC NURSING SCHOOL _____

COUNTRY OF ORIGINAL LICENSURE _____

DATE OF ORIGINAL LICENSURE _____

HAS APPLICANT APPLIED FOR LICENSURE IN ANY OTHER STATE? _____

WHICH STATE(S)? _____ DATE OF APPLICATION_____

_____ _____

_____ _____

HAS APPLICANT WRITTEN SBTPE IN ANY OTHER STATE? _____

INDICATE STATE(S), DATE OF EXAM(S), AND SCORE(S):

State	Exam Date	Outcome-(Pass/Fail)
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXHIBIT B

DATA ADDED TO FNG FILE WHENEVER SBTPE ELIGIBILITY IS REVIEWED

Educational Qualifications

	Areas of educational deficiency	Deficiences removed by coursework[1] (date completed)	Deficiences eliminated by proficiency examination[1] (date passed)
Medical			
Surgical			
Obstetrics			
Psychiatry			
Pediatrics			
Secondary Education			
English Proficiency			

[1] Prior to becoming eligible for SBTPE: _____

Change in Immigration Status

Date: _____

EXHIBIT C

DATA ADDED TO FNG FILE WHEN APPLICANT WRITES SBTPE

Date exam written	Outcome (Pass-Fail)
_____	_____
_____	_____
_____	_____

If candidate passed, indicate date of licensure _____

If candidate failed the exam, indicate which areas were passed and which failed.

Exam date	Medical	Surgical	Obstetrics	Psychiatry	Pediatrics
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Indicate areas in which review courses were taken

Date	Medical	Surgical	Obstetrics	Psychiatry	Pediatrics
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If candidate failed is he still eligible to retake SBTPE?